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THE
SOUTHERN CALIFORNIA PRACTITIONER

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THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. II.

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No. 1.

ORIGINAL.

GEOGRAPHICAL AND TOPOGRAPHICAL FEATURES COMMON TO THE WHOLE PACIFIC COAST.

BY J. P. WIDNEY, A. M., M. D.,

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Medicine of the University of Southern California.*

It is the plan of the SOUTHERN CALIFORNIA PRACTITIONER to publish during the year 1887 a series of papers from various points in Southern California, devoted to climatic investigations and discussions.

These articles are already promised from many points, and are already outlined. To make the series complete and by comparison to emphasize the local variations and peculiarities, there should be one or more papers devoted to a consideration, not of single and separate localities, but to the Coast as a whole. This is the work which in the planning for the year has been assumed by the writer. The line of investigation will probably cover the following topics:

1. Geographical and topographical features common to the whole Pacific Coast.
2. As a result the climatic features possessed in common by the Coast.
3. Topographical features peculiar to what is known as Southern California, which is not possessed by the other portions of the Coast.
4. The climatic peculiarities which as a result characterize Southern California, in contra-distinction to the remainder of the Pacific Coast.
5. At the close of this series of articles of a general character will be one devoted especially to Los Angeles and its immediate vicinity. The article will be thus limited, as other neighboring points will be treated of by other writers.

VOL. II. A—I.

GEOGRAPHICAL AND TOPOGRAPHICAL FEATURES COMMON TO THE
PACIFIC COAST AS A WHOLE.

The whole Pacific Coast in its physical features develops a sameness of plan which is everywhere more or less clearly marked. Two parallel chains of mountains—the Coast Range and the Sierra—follow the general coast line, meeting and mingling at several points, as at Shasta and Tehachipi, in a confused broken mass of irregular mountains and uplands, and again separating to inclose between their high walls long interior valleys which drain their waters off through the Coast Range at some point where the mountains break down and give an outlet to the sea. The valley which most fully answers to this description and which may be taken as the type which the others follow, is the great Sacramento-San Joaquin plain which drains its waters to the sea through the Golden Gate. North of Shasta, and upon a similar scale, lies the Willamette-Cowlitz valley inclosed by the Cascade and Coast mountains—and draining its waters by the rivers of the same name into Columbia and with it to the sea.

South of Tehachipi and of the broken mountains which extend to San Fernando is again the less clearly defined, yet still plainly traceable, interior valley extending under various local names from the head of the San Fernando valley eastward for a hundred and fifty miles to the head of the San Jacinto valley. This great interior plain includes the San Fernando valley, Crescenta Cañada, the Pasadena plain, San Gabriel, Pomona, the great upland stretch of Ontario, San Bernardino, Riverside, and the long level reach of the San Jacinto. Unlike the Sacramento-San Joaquin, and the Willamette-Cowlitz, the waters of this interior plain find their way to the ocean by three separate outlets, the Los Angeles river, the San Gabriel, and the Santa Ana, for the Coast Range is here much more broken than further northward. At Los Angeles this range drops down to the low hills which make one of the fashionable residence portions of the city, extending eastward as a high mesa dotted with hills, having an elevation of a few hundred feet, and then beyond the San Gabriel river again gradually rising into a continuous mountain chain of several thousands of feet elevation.

A curious attempt at a fourth valley of the same general type is seen in the gulf which separates Vancouver island from the

main land of British Columbia, only in this instance the valley depression is below the sea level and submerged.

Another feature common to the whole Coast is the attempt at, or the remnant of, an old seaside plain outside of the Coast Range of mountains. In this case, however, the extent of development is the reverse of the interior valley system, for while in northern and central California this rim is very narrow, at times lost entirely as the mountains come down to the sea, in southern California it widens out into a great plain extending for many miles and watered by numerous streams.

Another feature common to the whole Coast is the existence of a great, high, dry interior plain which lies just east of the Sierra, and parallel with it. This plain is one of the interior plateaus of the continent and extends from the Arctic Ocean upon the north to the Gulf of California upon the south.

In its whole length from the north to the south its level expanse is unbroken by a single transverse range of mountains. Shut in upon either side by the long walls of the Sierra and the Rocky Mountains it forms the channel of a great aerial river along which northerly and southerly currents may flow without check. While watered at intervals by rivers fed by the melting snows of the adjacent mountains it belongs essentially to the desert regions of the earth having the desert characteristics of a deficient rainfall, scanty vegetation, a dry atmosphere and an arid soil.

Still another feature common to the whole Coast is the existence of a great ocean current flowing from the north and following more or less closely the coast line from Alaska to Lower California. This stream is the return current of the Kuro Siwo, which passing up the Asiatic coast as a warm southerly current, after losing a portion of its heat in the northern waters is deflected southward by the long chain of the Aleutian islands and comes down the west coast of America as a cool northerly current. The volume of this stream is so great that it changes but a few degrees in temperature in passing from the coast of Washington Territory to the coast of Southern California.

Among minor points of similarity may be mentioned, that the mountain ranges along the whole Coast south of Washington Territory maintain much the same average of height—that the Coast Range sends out many short streams to the sea, each having its little coast valley—that the valleys of the whole Coast

are alluvial in character, having been formed by the detritions of the mountains—that most of these valleys contain vast subterranean stores of water which may be readily tapped by flowing artesian wells,—and that these valleys and the adjacent hills are generally barren of forest growth.

The next article will be devoted to the climatic features possessed in common by the whole Coast.

SANTA BARBARA AND ITS CLIMATE.

BY C. BATES, M. D., SANTA BARBARA, CAL.

SOUTHERN CALIFORNIA as a health resort has for many years past been rapidly growing in reputation, and yet I think I may safely assert that the profession as a whole, even the physicians in other portions of the State, are comparatively ignorant of the varying climatic advantages and drawbacks to be found in the many towns and villages comprised within its limits. Indeed it cannot well be otherwise, for there are almost as many climates as there are towns, the temperature, winds, fogs, atmospheric moisture, all may change within a few miles with the changing elevation, nearness to the ocean, or protection from the prevailing winds.

My object in this paper is to give a few facts with regard to the climate of Santa Barbara, and also to the therapeutic benefits to be expected from a residence in such a climate, benefits which, in my experience during a continuous practice of seventeen years in that place, have been realized in many instances. The following remarks apply only to that portion of Santa Barbara county about sixty miles in length, from one to five in width, lying between the Pacific Ocean and the Santa Inez Mountains and extending from Point Concepcion southward to Point Rincon. The city itself, forty miles south of Point Concepcion, is situated on a gentle incline running from the ocean back to the foothills to an elevation of about 350 feet. Its aspect is decidedly southeastern owing to an abrupt change in the direction of the coast line. In the latitude of the Mediterranean, shut in on the land side by the Santa Inez Mountains, some of which are 3000 to 4000 feet high, sheltering it from the northwest winds which prevail on the Pacific Coast during the greater portion of the year, protected seaward from the southeast winds,

by the Channel Islands twenty-five miles away, with the summer's heat and winter's cold tempered by the ocean at its feet, how can it fail to have an equable and pleasant climate? Within the bounds allowed me in this article it is out of the question going into any elaborate analysis of temperature tables, nor is it necessary.

It will suffice for all practical purposes to give a few striking figures. Records kept during a period of thirteen years show average for January 53.25 deg., for July 68.45 deg., and for the entire year 61.43 deg. Averaging the days upon which the temperature exceeds 82 deg. we find but fifteen for each year and but eight for the same period upon which it falls below 42 deg. Although so near the ocean Santa Barbara has for a coast town a remarkably dry atmosphere. The yearly mean of humidity is $69\frac{1}{2}$ deg., while a few hundred miles north of us and in cities on the Atlantic Coast, 80 deg. and even more are reached. Indeed the dryness and purity of the air are shown by a custom of the natives who preserve their beef by "jerking," hanging long strips of meat in the open air till dry enough to keep for future use. This is done even in midwinter and frequently within a few hundred yards of the ocean. The average yearly rainfall for fifteen years was 17.31 inches, hardly more than would fall on the Atlantic Coast during the showers of a summer. The rainy season extends from November to May; the remainder of the year is practically rainless. During the winter months, at intervals of three or four weeks, the rain falls in heavy showers, lasting perhaps a few days; then comes bright sunshine with charming weather till the next storm. Owing to the porous character of the soil, decomposed sandstone, clay and alluvial, we are not annoyed with mud; walking is pleasant within a few hours after the storm has ceased.

From the foregoing data it is evident we can truthfully claim for the climate of Santa Barbara a remarkable equability and it is this freedom from sudden changes which constitutes its chief charm and in which lies its great therapeutic power. The invalid, delicate as he may be, can pass the greater portion of each day, during the entire year, in the open air. One gentleman, a consumptive, kept a record of the weather and found that in one year there were 310 days in which he could be out of doors from five to six hours or more with safety and comfort,

and but fifteen upon which he was unable to leave the house; ten of these were rainy and five were windy. It is true our climate is not perfect. What climate is? We have at times wind storms lasting two or three days and bringing clouds of dust; but these are exceptional, seldom more than two or three each year. Then, also, during the spring and fall more or less fog prevails, obscuring the sun and depressing the spirits of the invalid. Nine-tenths of this, however, would in the East be called low clouds, not fog; it is high and dry and to many is a pleasant change from the "eternal sunshine." As a rule the fogs are not very frequent, and coming late in the evening are usually dissipated long before noon on the following day. The natural incline upon which the town is built, the porous character of the soil and the system of sewerage recently introduced insure good drainage, while the water supply brought from the neighboring mountains is excellent. There is no malaria nor any endemic disease. From the foregoing remarks the therapeutic advantages of Santa Barbara can easily be deduced. The equability of the temperature is the great therapeutic agency, local congestions caused by the blood flowing inward from a chilled surface are avoided. In phthisis this freedom from sudden change tends to decrease hemorrhage, to lessen also the local pulmonary inflammation. The open air life possible to the invalid in such a climate only, is also of the greatest benefit. Indeed during my residence in this place I can recall but one instance of the arrest of pulmonary phthisis in which the chief means of cure was not this out-door life. In a marked case a lady patient of mine lived in her garden, protected merely by a brush shelter, for eighteen months. Day and night for the entire period, excepting only nine nights, she remained in the open air. Afterward while camping out on one of the Channel Islands she was four months without the slightest protection. In disease of the heart, the even temperature giving a regular quiet circulation of the blood is very beneficial; the same is true in kidney affections where a sudden chill will frequently cause a rapid and fatal advance of the disease. In nervous prostration or neurasthenia, in disease of the brain, no better place could be desired. The quiet, peaceful surroundings, the charming scenery, the pleasant drives, the out-door amusements, the fresh, pure bracing air, bringing sleep and appetite, are all to be found in Santa Barbara.

For children and the aged the place is a Paradise, no heat diseases which carry off the little ones so ruthlessly in the Eastern summer, no cholera infantum nor membranous croup, while those advanced in years, sheltered from the cold and cutting winds of winter, with but few calls upon their lessened vitality, live on year after year in happiness and comfort. As for asthma, no one climate suits all cases, nor, I think, even the majority. All I can say is that many have tried this place with success; others unable to live in the town find immunity from the attack at various elevations on the neighboring foothills; some have left us disappointed and unimproved. I must not omit to mention our hot sulphur springs useful in a variety of affections, nor the delightful sea-bathing, pleasant on almost any day in the year, for the rate of temperature of the water never falls below 60 deg., but ranges from that degree to 65 deg., with a yearly mean of 62 deg.

And now in conclusion a few words of caution. In Santa Barbara, as throughout California, the nights are always cool, even in the interior; no matter how sultry the day, the night is never oppressive; one sleeps comfortably under a blanket. This is of immense advantage, and yet it has its drawback. Just before sunset the temperature rapidly falls and the invalid at this time should remain in the house, or, if out of doors and not briskly exercising, should put on an overcoat. Indeed although the climate of Santa Barbara is warm it is not hot; flannels next the skin, with moderately warm clothing, can and should be worn throughout the year. On the other hand, our climate from its pleasant equability approaches the subtropical, and my experience convinces me that the diet of a subtropical climate is suitable to this. Vegetables, fruits, hydrocarbons with comparatively little nitrogenous food or stimulants. Meat once a day is ample. Those of our visitors who bring with them the habits of their former home, eating three hearty meals a day, with perhaps meat at each and more or less wine or liquor, soon pay the penalty in a deranged liver, impaired appetite and weakened digestion.

The Cooper Medical College and the Medical Department of the University of California held their commencements in November. The former graduated eleven and the latter seven.

***STUDIES OF THE DIRECTION OF PUS-CHANNELING IN INFLAMMATION OF THE INGUINAL LYMPHATICS ; AND SCABIES AS A FACTOR IN THE MAINTENANCE OF PROLONGED SUPPURATION OF THE INGUINAL GLANDS.**

BY D. GRANVILLE MCGOWEN, M.D.,

Professor of Diseases of the Skin and Genito-Urinary Organs in the Medical College of the University of Southern California.

THE system of lymphatic circulation of the skin is the exact counterpart of its blood vessel system. In both there is a superficial and deep net-work of vessels, connected by straight or anastomosing trunks. In an injected perpendicular section of the skin the superficial net-work of lymph vessels appear directly beneath the superficial blood vessel loops of the papillae.† They also accompany the ramifications of the blood capillaries around the hair-follicles, the sweat glands, the sebaceous follicles, and into the adipose tissue, each fat globule being surrounded as well by a lymph vessel as by a blood capillary. In their anatomical structure they are simply open spaces, star-shaped on section, in the interlaced connective tissue of the skin, having an elastic coat, and an endothelial lining‡ and converging to form the lymphatic channels.

As they approach the subcutaneous adipose tissue, the section presents a tubular form and the lymphatic commences to form a true vessel furnished with valves. The wall of a lymphatic immediately above the point of attachment of each segment of a valve is expanded into a pouch or sinus which gives to these vessels, when distended, a knotted or beaded appearance.§ The lymphatic vessels are most abundant where the skin is loose, wrinkled and subjected to extremes of expansion and contraction. On the scrotum, labia majora, prepuce and glands where the skin is richly supplied with papillae, on the fingers, toes, palms of the hands and soles of the feet.¶ These subcutaneous lymphatics are supplied with nutritive blood vessels, but so far no nerves has been traced to them.¶ In

* Read before Los Angeles County Medical Society.

† Teichmann—Das Sangadersystem, 1861.

‡ Reynaud:—Recherches anatomiques sur l'érysipèle et les redèmes de la peau. Archives de Physiologie, 1874.

§ Grey—Descriptive and Surgical Anatomy, p. 88.

¶ Neumann—Zur Kenntn. d. Lymphg. d. Haut d. Menschen u. d. Säugethiere—Braunmüller, Wien, 1872.

¶ Bieschke:—Untersuchung, an d. Path. Institut in Krakau, 1872.

certain regions, attached to these lymphatic vessels, or formed upon them, are small oval bodies, presenting on one side a depression or hilum through which the blood vessels pass and the afferent vessel leaves the gland. A section of one of these glands presents macroscopically a light cortical and a dark medullary portion; the former being interrupted at the hilum, the medullary portion here reaching the surface, being continuous with the afferent vessel. The afferent vessels empty into the cortical portion on its convex surface.

The considerable time usually necessary for the complete suppuration of a lymphatic gland is explained by its anatomical structure. Each gland is enveloped in a sheath of connective tissue which is reflected on to the blood and lymphatic vessels pertaining to the gland. This capsule sends numerous prolongations into the cortical portion of the gland, thus dividing it into many compartments or spaces, known as alveoli. In the medullary portion of the gland these septæ become thinner and more numerous, forming smaller and closer compartments which freely communicate with the trabecular portion of the gland. In the center the compartments expand once more into larger intercommunicating spaces also termed alveoli. In these spaces lie the gland tissue proper — masses of lymphoid cells, held together by meshes of connective tissue processes of the trabeculæ. These cells do not completely fill out the alveoli, but between the trabeculæ and them are channels, which frequently appear in a microscopic section as empty spaces, from the cells having fallen out during the preparation of the specimen, and are known as sinuses or lymph-channels. They are the commencement of the efferent lymph vessels and converge to the hilum.

In inflammation and suppuration of a lymphatic gland I think the explanation of the inflammatory changes which take place and the comparative rarity of general infection from such changes is this: The septic material or ferment entering the gland from a distant center of infection through one of the afferent vessels, it is in the cortical portion that we should look for the most intense primary inflammatory changes. The pressure of the products of inflammation is naturally greatest at its most yielding portion, the region of the hilum, thus: 1st, cutting off the return circulation from the glands by direct pressure upon the veins and the afferent lymphatic vessel; and

2d, probably causing inflammatory changes in the coats of these vessels, with accompanying thrombosis.

In the lower grades of inflammatory changes this lymphatic exudation has time for organization into a low grade of connective tissue thus forming a dam between the seat of suppuration and the general circulation. In these cases we usually find that the medullary portion of the gland has been completely destroyed by the changes of inflammation. The tendency of a confined fluid is always to escape along the path of least resistance. The pus being prevented from escaping from the hilum along the efferent vessel seeks the most yielding points of the capsule for its points of exit. These points we find at the entrance of the afferent lymphatics, and it is along the track of these vessels that the pus channels to the surface. The course of these sinuses may, to the superficial observer, when viewed from the experience of single cases, seem erratic. But their courses are so constant that in an indolent suppuration of a lymphatic gland we can predict with a positive certainty the direction or directions the pus will take if left to evacuate itself. It is always in the line of the afferent vessels of the gland which is undergoing the process of suppuration. However be it understood that the afferent vessels of one gland may be efferent to another. For instance, directly above the saphenous opening, in the femoral canal, is situated the femoral gland, which is intermediary to the superficial and deep inguinal glands. This gland establishes a communication between the lymphatics of the lower extremity, walls of the abdomen, the superficial inguinal region, and those of the trunk. The lymphatic vessels of communication between it and the deep inguinal glands are efferent to it though afferent to the glands lying next above it. However the rule holds good even here, for it is along this channel that pus burrows to reach the surface in inflammation of the glands of Rosenmuller or the deep inguinal glands. The best instance of this tendency is offered in that most frequent form of glandular lymphatic suppuration caused by the absorption of the chancreoidal poison by the superficial lymphatics of the penis and its deposition in the nearest lymphatic gland, one of the superficial inguinal glands, usually the first or second. Should the consequent bubo be left to itself, the pus will always form sinuses, and their directions will be constantly along the course of the afferent lymphatics of the gland, usually along those most dependent, but not always so.

[TO BE CONTINUED.]

CHEMICAL NOMENCLATURE.

[From advance sheets of a Manual of Practical Chemistry.]

BY PROF. J. W. REDWAY.

THE names of the chemical elements are more or less arbitrary, and generally do not conform to fixed rules. A few of the more common ones, such as gold, iron, lead, sulphur, etc., retain their common names. The more recently discovered elements are distinguished by the suffix *ine* for non-metals and *ium* for metals. Thus we have chlorine, iodine, etc., and potassium, sodium, aluminium.

Within a few years an excellent but somewhat complex system has been adopted to designate the compounds formed by the union of two or more elements. The following tables, which are intended *for reference only*, will show the manner in which the names are formed :

In compounds of two elements, or binary compounds, the termination *ide* is affixed to the non-acid element. Compounds of chlorine are called *chlorides*; of sulphur, *sulphides*; of oxygen, *oxides*; of arsenic, *arsenides*, etc.

Ag Cl	Silver Chloride,	or Chloride of Silver.
Ca O	Calcium Oxide,	or Lime.
Pb S	Lead Sulphide,	or Sulphide of Lead.
H ₃ P	Hydrogen Phosphide,	or Phosphoretted Hydrogen.

Several such compounds have strong acid qualities, and are therefore more commonly called acids, as—

H Cl	Hydrochloric Acid,	or Hydrogen Chloride.
H Br	Hydrobromic Acid,	or Hydrogen Bromine; etc.

In many instances the same elements unite in several proportions. Thus we have—

CO	Carbon Monoxide,	or Carbonous Oxide.
CO ₂	Carbon Dioxide,	or Carbonic Oxide.
SO	Sulphur Monoxide,	or Hyposulphurous Oxide.
SO ₂	Sulphur Dioxide,	or Sulphurous Oxide.
SO ₃	Sulphur Trioxide,	or Sulphuric Oxide.
Fe Cl ₂	Ferrous Chloride,	or Iron Dichloride.
Fe ₂ Cl ₆	Ferric Chloride,	or Iron Tetrachloride.
Sn Cl ₂	Stannous Chloride,	or Tin Dichloride.
Sn Cl ₄	Stannic Chloride,	or Tin Tetrachloride.

Unfortunately there is not the uniformity of names desirable to make the chemical nomenclature simple. The names given in the left hand column are the ones usually preferred.

COCAINE IN THE VOMITING OF PREGNANCY.

BY C. M. FENN, A.M., M.D., SAN DIEGO, CAL.

IN two case of vomiting, occurring during the early months of gestation, in which creosote, oxalate of cerium, etc., had been used without avail, I obtained satisfactory results from an ointment containing cocaine. One grain of cocaine was thoroughly incorporated with six drachms of the official belladonna ointment, and the cervix anointed therewith morning and evening.

I doubt not that either would have produced some temporary and beneficial effect, but in combination they acted most happily, and seemed to afford permanent relief.

DENGUE AT DALLAS.

(EXTRACT from a private letter.) Did you ever have the Dengue? if not, you know nothing of the utter emptiness of all sublunary things. It contains more aches to the square inch than any known disease. Your brain is a seething cauldron of improbable and impossible fancies; refreshing sleep, save from morphia, is a stranger to you. Your back feels as if it was made up of mosaic, and every piece put in awry. Limberger cheese is ottar of rose by the side of the breath of a dengue patient, and the taste in his mouth is like he had feasted heartily on carrion crow well cooked in the concentrated essence of polecat. Your arms and legs are useless appendages, save to keep you painfully aware of their full quota of aches; the downiest bed seems but a corduroy road; and, you can only tell when convalescence sets in by seeming even more miserable than before, and you get up chiefly to try and change the monotony of things. Every other person, nearly, in Dallas, has had it in some degree, and you would think the city was just over an earthquake, or all its inhabitants had experienced religion, could you see the solemn visages, the careful, painful walk, and the utter absence of mirth from the countenances of its inhabitants. We've all had it; and the worst punishment I could inflict on an enemy would be one good, solid square case of dengue.—*Progress.*

Aristotle was the son of Nicomachus, who was physician to Amyntas, the Macedonian king.

SELECTED.

NORTHERN CALIFORNIA AS A HEALTH-RESORT.

IN speaking of California as a health-resort the mind naturally reverts to the southern portions of the State, and we know of no places to the north of San Francisco which have acquired any extended reputation as resorts for invalids with threatened or actual pulmonary troubles. Yet it would seem that some portions of the State bordering on the Oregon boundary are deserving of a more careful study as regards their climatology than they have hitherto received. In a report on the climatology and diseases of Surprise and Goose Lake Valleys, presented to the California State Board of Health by Dr. George M. Kober, U.S.A., we find some data which may be of use in estimating the probable value of these places as health-resorts.

These valleys lie in Modoc county, one on either side of the Warner Mountains, Surprise Valley being the more easterly. This valley is bounded by low mountains on the east and high mountains on the west, while the reverse obtains in Goose Lake Valley. Both valleys contain numerous alkaline thermal springs, which may be found to possess valuable properties in the treatment of rheumatic affections, although as yet no analyses of the waters have been made. The thermometric observations of Surprise Valley extend now over a period of twenty years. The mean temperature for this time was 50.3° F., the highest temperature observed at any time was 100° F., and the lowest 19° F. below zero. A striking peculiarity of the climate is the extreme range of temperature, particularly noticeable during the summer and fall months. A daily range of 50° is not uncommon, and even a daily range of 62° has been observed in August. During the dry season the amount of precipitation is hardly appreciable, whole months often passing without a shower, and dew being rarely, if ever, observed. The rainy season is fairly well defined during the winter and spring, the amount of precipitation in the form of snow being sometimes excessive. The prevailing direction of the wind is from the south and west, and while it is rarely violent in force yet a gentle breeze is almost always observed. The town of Fort Bidwell, where these observations were taken, is situated in latitude $42^{\circ} 10'$ north, longitude $43^{\circ} 12'$ west. The climate

of Goose Lake Valley is similar to this, except that there is usually a greater fall of snow.

An estimate of the prevalent diseases of this region may be formed from a study of the sick report of the garrison at Fort Bidwell. Dr. Kober has prepared a table from the sick-reports for the past sixteen years, from which it is seen that catarrhal affections of the alimentary canal and air-passages are the most frequent, and then follow, in order, rheumatism, malarial fevers, tonsillitis, and neuralgia. Of the cases of malarial fever, most, if not all, were imported, the men having acquired the disease at other posts before being sent to Fort Bidwell. The absence of typhoid fever and other zymotic diseases among the troops was noteworthy, as these diseases occurred with some frequency among the civilians living in the neighborhood of the post, whose neglect of all sanitary laws was painfully apparent.

Although catarrhal affections are common in Surprise Valley, as might be expected from the meteorological conditions there present, yet pneumonia and pulmonary phthisis are practically unknown. In sixteen years, at Fort Bidwell, there were but nine cases of pneumonia; and Dr. Forrest, of Alturas, reported that he had neither seen nor heard of eight cases in as many years. Consumption is one of the rarest of troubles in that region. Only three or four cases are known to have originated there, and in some of those the inception of the disease could be traced to an injury, and the cases were probably not of a tubercular nature. But the climate would appear to be ill adapted to those in whom pulmonary tuberculosis is already established, for the great and rapid variations of temperature seem to contribute to an acceleration of the morbid process.

As far as can be determined from this interesting report of Dr. Kober, a few points only of which we have briefly touched upon, it would appear that the climate of Northern California offers certain advantages in the prophylaxis of pulmonary phthisis which other warmer and moister climates do not possess. But it should be remembered that a tubercular process already established will probably be rendered only the more active if the patient seeks this region. The country around Surprise Valley, if it ever become a health-resort, will be one for prophylaxis and not for the treatment of pulmonary disease already established.—*N. Y. Medical Record.*

TEMPERANCE PARTIES AND POLITICS.

[From *The Journal of Inebriety*, for October, 1886. T. D. Crothers, M. D., editor, Hartford, Conn.]

LIKE an army unexpectedly attacked and thrown into confusion, or a ship struck by a squall, in disorder until the authority of the captain is asserted, the temperance moralist and reformer are astounded at the sudden alarming prevalence of inebriety. In the confusion of this discovery they seize upon the wildest means of relief, and follow the noisiest enthusiasts and the most impracticable of schemes. Leaving to one side all the various means of cure by prayer and pledge, they turn to politics, and are trying to unite their confused efforts in a political party, which will enforce by law their theories of the causes and cure of inebriety.

This prohibition movement, from a scientific point of view, has never attracted much attention. But to-day it assumes such arrogant claims of power to remedy the evils of drink, condemning all who differ, that it most naturally invites the scientist to examine its pretensions and theories.

In this inquiry the *Journal of Inebriety* has no political interest or theory to sustain. As the organ of men who are making inebriety a study, it demands the facts, and the evidence upon which they are based must be presented and compared before the truth of any phase of this subject is accepted. Any views supported by facts are welcomed, and the kindest sympathy is extended to all measures and movements for the relief of inebriety, no matter how crude and impracticable. All such efforts are regarded as agitations and revolutionary struggles incident to every advance of science.

The prohibitory movement is based on the theory that inebriety is only caused by alcohol, and that this drug is a luxury which can be withdrawn at will, thus removing the evil. Also, that inebriety depends upon the manufacture and sale of alcoholic compounds, and will disappear when the supply ceases. The remedy is to drive out the maker and seller of spirits, and banish alcohol. It is a curious fact that prohibitory legislation has been tried for over a thousand years, from time to time, against alcohol, tobacco, tea, coffee, coca, and opium. Moral, social, theological, and governmental forces have most fiercely and violently tried to suppress the use of these drugs. Despots who held the lives and thoughts of their subjects, and

controlled all their acts, have failed to break up the use of stimulants and narcotics. Even the Chinese despotic rule failed to stop the use of opium. Kings and Popes have combined against the use of tobacco, only to be defeated, and over and over again legislation against the use of alcohol has been unsuccessful. Now and then temporary, local, and limited successes follow, but after a time this disappears, and the evil continues in even greater proportions than before. Thus history repeats itself in the movement of prohibition to stop the evils of inebriety.

The theory of prohibition is not sustained from a study of the inebriate and inebriety. Alcohol is not a luxury, to be used or not at the will of anyone. It is a narcotic spirit which has been used in all ages, climes, and by all people, to soothe and relieve the wearied brain and unstable organization. Alcohol and its compounds have ever been used to supply some demand of brain and nerves, some defect or debility. This demand is not created by the form or prevalence of alcohol, it is an inherited or acquired defect. The army of inebriates are recruited from states and conditions of life far back of the distillery or saloon. In this country they are often victims of our high-pressure civilization; of continuous nerve strains and drains, which not only exhaust but cripple the race and its descendants. The demand for relief which is found in spirits brings out the manufacturer and retailer to supply it. They may increase this demand, but they do not create it.

When once the victim finds relief from this drug, law and moral suasion are powerless. Banish the maker and dealer of spirits, and the current is turned into channels equally dangerous. Opium, ether, and other drugs come to supply the demand.

The chemists of to-day are constantly discovering new and endless varieties of alcohols, which will always have a place in the arts and sciences; and wherever they are found to bring rest and quiet to this abnormal craving of the race they will be used under all circumstances. No prohibitory measures can discriminate in this field, and no present knowledge will indicate the alcoholic compounds that are dangerous or safe which should or should not be sold. Prohibition is a delusion when it assumes that to stop the manufacture and sale of alcohol is to break up inebriety and cure the inebriate. It is a delusion

to expect that politics, party and law can break up the disease of inebriety, or that a knowledge of the evils of inebriety will point out the causes and remedies. It is a delusion to suppose that the evils of inebriety can be remedied and controlled when its causes and nature are practically unknown. Opinions, theories, and beliefs by earnest enthusiasts can not bring the authority of knowledge based on well-observed facts. Until inebriety is made the subject of exact study, and the laws which govern its rise and progress are ascertained, and the complex causes and conditions of life from which it springs are pointed out, prohibition will fail to prohibit, and every other means of treatment not founded on exact study will die out. Prohibitory legislation may act as a dam to the drink current for a time, and the stream appear to be stopped, but the certain breaking down of the dam and overflowing ruin that follows point to the error of not beginning back at the source. The drink problem cannot be solved by moral suasion or prohibition; it is a question for science and scientific study. In the march of progress, beyond the noise and enthusiasm of temperance reformers, the great forces of civilization are seen recruiting inebriates along lines of cause and effect as fixed as the motion of the stars. In the same range the scientists catch glimpses of the laws of prevention and cure, from which in slow, measured steps inebriety and its evils can be reached, cured, and prevented.—*Medical Herald*.

HEADACHE CURED BY ANTIPYRINE.

DR. JOHN BLAKE WHITE, physician to Charity Hospital, New York, sends the following to the *New York Record* :

"The high road to truth is the knowledge of facts, and well it is for searchers after truth when facts can be ascertained and carefully recorded.

"Symptoms are the alphabet, cases the language, of disease, and that physician subserves his profession who carefully records his experience.

"During the past two years I have abundantly tested the therapeutic value of the drug known as antipyrine, in various forms of headache. The prompt relief obtained through its use compels me to accord to it a high rank among our medical resources. I have already called attention (*Medical News*, July

10, 1886) to the potent antipyretic power possessed by this remedy in the management of various forms of fever, and have observed that after its administration the urgent symptoms of headache, so uniformly present in these cases, was soon controlled.

"Antipyrine undoubtedly possesses bradyerotic properties (*pulse retarding*) in a high degree, as the pulse is notably softened and moderated in frequency soon after a proper dose of it has been taken. It produces some somatic change favorable to a reduction of the pulse in cases of fever, and so exerts a calming influence upon the vaso-motor system. The capillaries, through its agency, doubtless dilate, and local congestions are dissipated, as the relieved patient usually sinks into a refreshing repose soon after its exhibition. In the course of large experience with antipyrine I have found that, when administered in masterful doses, it not only promptly relieves the system of headache whenever present, whether resulting from disordered digestion, disturbance of the menstrual functions, loss of sleep, undue mental effort, or even associated with dreaded uremia, but also possesses reliable prophylactic virtues against recurring attacks of cranial neuralgia. So confident am I of the power of this remedy to disappoint neuralgic headache when imminent, that I have instructed many patients, who are liable to such visitations, to keep in readiness and take a dose of antipyrine as soon as they have premonition of its recurrence, and all so far testify in favor of its efficacy.

"The value of this remedy in the above respect has not only been tested in my hospital and private practice, but I also record the fact that it has proved successful in the hands of professional friends, upon whom I had urged its employment for the relief of neuralgic affections of the head and face. I have been singularly impressed with the promptness of relief which often followed the administration of a single dose of 15 grains of the antipyrine. The grateful relief from headache usually ensues within half an hour after the drug is taken. A sense of drowsiness ordinarily supervenes, followed by a brief but sufficient slumber, and the patient awakens quite relieved of this distressing symptom. I have never yet seen the sleep-disposing properties of antipyrine alluded to by any other observer, although this effect seldom fails to ensue when a full dose, such as I have named, has been taken."—*Medical Age*.

"DON'TS FOR THE SICK-ROOM."

DON'T light a sick-room at night by means of a jet of gas burning low; nothing impoverishes the air sooner. Use sperm candles or tapers which burn in sperm oil.

Don't allow offensive matters to remain; in case of emergency where these cannot be at once removed wring a heavy cloth, for instance, like Turkish towelling, out of cold water, use it as a cover, placing over this ordinary paper. Such means prevent the escape of odor or infection.

Don't forget to have a few beans of coffee handy, for this serves as a deodorizer if burnt on coals or paper. Bits of charcoal placed around are useful in absorbing gases and other impurities.

Don't have the temperature of the sick-room much over 60 degrees; 70 degrees are allowable, but not advisable.

Don't permit currents of air to blow upon the patient. An open fire-place is an excellent means of ventilation. The current may be tested by burning a piece of paper in the front.

Don't give the patient a full glass of water to drink from, unless he is allowed all he desires. If he can drain the glass he will be satisfied; so regulate the quantity before handing it to him.

Don't neglect during the day to attend to necessities for the night, that the rest of the patient and the family may not be disturbed.

Don't ask a convalescent if he would like this or that to eat or drink, but prepare the delicacies and present them in a tempting way.

Don't throw coal upon the fire; place it in brown paper bags and lay them on the fire, thus avoiding the noise which is shocking to the sick and sensitive.

Don't jar the bed by leaning or sitting upon it. This is unpleasant to one ill and nervous.

Don't let stale flowers remain in a sick chamber.

Don't be unmindful of yourself if you are in the responsible position of nurse. To do faithful work you must have proper food and stated hours of rest.

Don't appear anxious however great your anxiety.

Don't forget that kindness and tenderness are needful to successful nursing. Human nature longs to be soothed and comforted on all occasions when it is out of tune.—*N. Y. Medical Times.*

EMBALMING DEAD BODIES.

DR. H. R. TILTON, Surgeon United States Army, writes from San Francisco that he has read the request of Dr. Kennedy for information as to the best, simplest, and most ready method of preserving dead bodies. He has tried the Wickersheimer formula, and says that it is an impracticable method, at least for the general practitioner. "There is too small an amount of antiseptic material in the Wickersheimer formula to hold out any promise of success. It is impracticable for the average country practitioner to complete the process by immersing the body, after injection, in a solution, and then enclose it in an air-tight case. Fortunately, this is entirely unnecessary. The following formula will preserve the body if injection is properly done: Take of the solution of chloride of zinc (U. S. Ph.), one gallon; solution of chloride of sodium, six ounces to the pint of water, six pints; solution of bichloride of mercury, one ounce to the pint of water, four pints; alcohol, four pints; carbolic acid (pure), one-half pint; carbolic acid dissolved in glycerine, one and a half pints. Mix all the ingredients, and a clear solution of three gallons results, which is the proper amount for a body weighing one hundred and fifty pounds. The solution may be injected into the aorta, but it is much less trouble to inject into the brachial or femoral artery, or the femoral vein may be selected. If an artery is used, the injection should be toward the capillaries, and if a vein, toward the heart. To satisfactorily inject a subject a good anatomical syringe is desirable, but a gravity-syringe can be improvised with rubber tubing, a stopcock, and a terminal glass tube with the tip drawn to a fine point. I would suggest to Dr. Kennedy that he experiment on a few animals, and then he can devise a formula to suit himself. I have found that a fluidrachm of the solution recommended is sufficient for each ounce of weight of the animal to be preserved. For preserving human bodies, two and a half fluidounces for each pound is a safe estimate."—*Medical Record*.

At a recent meeting of the Obstetrical Society of Philadelphia, Dr. Kelly exhibited specimen from a case of ovarian pregnancy, where he had successfully operated.

CHLOROFORM AS A HÆMOSTATIC.

DR. BETZ (*Memorabilien*, 1885, No. 5, *ibid.*) relates two cases of uterine hemorrhage in which he found chloroform of great utility in its arrest. In the first case fearful hemorrhage followed a protracted labor which had to be terminated by the forceps. There was atony of the uterus, and hot water injected into the uterus failed to produce contractions. A sponge, saturated with chloroform, was passed into the uterus, and some chloroform was poured on the abdomen. On the introduction of the sponge, a severe burning pain was felt along the genital passage, strong contraction of the uterus took place and the bleeding ceased. The second case was one of hemorrhage following an abortion at four months, which continued in spite of the ordinary treatment, and the patient became cold and pulseless. Chloroform was applied locally to the inside of the uterus through the means of a sponge, in the same way as in the first case. The same burning pain was experienced, contractions of the uterus took place, and an arrest of the hemorrhage ensued. The action of chloroform, Dr. Betz observes, differs from that of the ordinary astringents, not inducing coagulation of the blood as they do, but causing narrowing and closure of the blood-vessels in consequence of muscular contraction. The use of chloroform in this way may supersede the hypodermic injection of ether.—*New York Medical Journal*.

WOMEN PHYSICIANS IN ZANZIBAR.

THE Princess of Oman and Zanzibar writes, begging women doctors to come out to her country, as no male physician can be admitted to Arab houses, though haphazard prescriptions are sent in. In moderate sickness, she says, decoctions of herbs are much used, but when a patient's case is serious the believing Moslem prefers to resort to "swallowing texts from the Koran. A person noted for piety is called to indite the text with a solution of saffron on a white plate; the writing is then covered with rose water and given to the invalid to drink. This medicine must be swallowed thrice a day, and care has to be taken that not a single drop of the sacred fluid is spilt upon the ground." The princess engages herself to instruct European or American women in sufficient of the Arabic tongue to make them understood by their patients.—*Philadelphia Ledger*.

A SENSIBLE VIEW OF THE TEMPERANCE QUESTION.

DR. HUNTINGTON, rector of Grace Church, preached the temperance sermon in the Church of the Holy Trinity, Fifth Avenue and 125th Street. He said: "The Bible nowhere makes total abstinence necessary to righteousness, and it ill becomes advocates of total abstinence to maintain that anyone cannot be really good unless he is a total abstainer. Temperance does not mean total abstinence, but moderation. Yet it is true that, under the social conditions of this country, the cause of temperance can best be served by the adoption of habits of total abstinence. The remedy of the widespread evils of drunkenness can best be secured by the quiet method of personal example and influence, rather than by noisy and demonstrative parade. I am not one of those who expect that legislation is going to effect a remedy of the evil. We must look to the personal example of abstinence set by men for the benefit of weaker brethren, to gradually reduce the pitiable evils of intemperance." Well said, Dr Huntington! Science, morality, civilization, and religion are on your side.—*N. Y. Medical Record.*

MINERAL SPRINGS.

DR. C. C. RICE, of New York, says: 1. Physicians, individually or in committee, should make careful analysis of our mineral waters.

2. The medicinal value of the waters should be tested by clinical investigation, and the conclusion arrived at given to the profession.

3. If the waters are found to possess marked medicinal merit, physicians should interest themselves in the development of the springs and the improvement of bath-houses and apparatus.

4. Physicians, in sending patients to a mineral spring, should be most careful to select the proper water, and should send with the patient his history and the diagnosis of his disease, for the benefit of the physician at the bath.

5. Patients at our mineral spas should be placed under more rigid medical discipline, and more attention should be paid to their habits of living.

6. The social life at our watering-places should be placed on a more wholesome basis.—*New York Medical Journal.*

THE SOUTHERN CALIFORNIA PRACTITIONER.

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THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

ALCOHOL AS MEDICINE.

To the conscientious physician no question in the course of his daily practice is more perplexing than that of his duty in the prescribing of alcohol in its various forms. And the force of a constantly growing popular sentiment would not let him forget his moral responsibility in the matter, if he would.

This is the question which presents itself to his mind: The

time comes in wasting disease, or in the prostration of acute disease, when stimulation with alcohol becomes a possible necessity, and when my duty as a physician, looking solely to the one point of battling successfully with disease, requires me to order alcoholic stimulants; yet this patient may have some old smouldering thirst for liquor, held under control for years it may be, and the use of liquor even for a few days may arouse the old thirst and put it beyond control. In saving a human life I may be saving it only for a drunkard's doom, and the means which I employ to save him from immediate danger may be the very means of his ultimate destruction.

So, too, in certain wasting disease, or in battling with some especial diathesis, the continued use of alcohol may develop an uncontrollable desire which substitutes for invalidism a worse fate, alcoholism.

What shall the physician do? Has he a moral right to withhold the drug alcohol and so let immediate harm come to the patient entrusted to his care because of the possibility of ultimate harm? For alcohol is as much a drug of the pharmacopœia as is opium or quinine.

The question is a perplexing one, and to the conscientious physician a harrassing one. Then, too, after settling the question of moral responsibility in his own mind, and ordering the use of some form of alcohol for the case, what shall he say to the over-zealous and often meddlesome neighbor who takes him to task for giving liquor to his patients?

The editor can only in answer to all these questions state his own course. In each case he makes *careful inquiry* as to the habits and the weaknesses of the patient, and if there is found to be any such old thirst, he avoids the use of alcohol, substituting therefor some one of the many tolerably reliable yet less efficient stimulants.

If it is a case of chronic disease, or of some diathesis to be battled with, and in which alcohol may do good, he orders it only for a short time, with positive instructions to then discontinue its use unless ordered anew by himself, giving at the time due caution as to the possible dangers of its continued use. This he endeavors ever to bear in mind, that no man can escape through professional character the moral responsibility for his acts, and that he is, and must be, so far as in his power lies, *his brother's keeper*.

NEW YORK EDITORIAL CORRESPONDENCE.

NOTES FROM THE NEW YORK GYNECOLOGISTS; PAUL F. MUNDE — PYO-SALPHYNX; TAIT'S OPERATION, BY CHAS. CARROLL LEE; TAIT'S OPERATION, BY T. GAILLARD THOMAS; PROF. W. T. LUSK.

THE gynecologist in New York 'is a great man. He has taken the professional bit between his teeth and is distancing the ordinary, every-day family physician as one of Lucky Baldwin's flyers would throw dust in the face of a substantial carriage horse.

One of the first whom I had the pleasure of meeting was Dr. Paul F. Munde, editor of the *American Journal of Obstetrics*, a courteous, genial, entertaining, ambitious gentleman about forty years of age, who graduated at Harvard Medical College in 1866, and at Vienna in 1871.

He is a bold operator and an original thinker. A report of some of his operations that I witnessed can be seen in the SOUTHERN CALIFORNIA PRACTITIONER for November, 1886.

October 8, Dr. Munde opened a pelvic abscess by an incision through the vaginal wall. He said this abscess probably originated in the Fallopian tube.

It was a question with him whether it was not possible in cases of *pyo-salpinx* to evacuate the pus through the roof of the vagina and thus AVOID THE DANGERS OF LAPAROTOMY.

In other words, he believes in treating a pus cavity there as near as possible like you would one in any other part of the body.

The first LAPAROTOMY I saw was a removal of the Fallopian tubes and both ovaries, by Chas. Carroll Lee, at the Woman's Hospital, in a case of suspected salpingitis. The tubes were found normal, the ovaries of normal size but rough, which Dr. Lee said indicated cystic degeneration.*

I witnessed one other operation of this class, it was by T. Gaillard Thomas, at the Woman's Hospital. Patient's age 30. Looked as though she were a great sufferer. History of severe pains in ovarian region, dysmenorrhœa and hystero-epilepsy.

Dr. Thomas made a deep, sweeping cut $3\frac{1}{2}$ inches long, midway between pubes and umbilicus. This incision reached to the peritoneum, which he lifted out of the abdominal cavity

* For a full report of Dr. Lee's operation see Southern California Practitioner for November, 1886.

with a tenaculum, and cut open with scissors. He then with one hand lifted up the omentum as though it were an apron, while with the other hand he found the fundus. The left ovary and tube were removed after he had put the ligature in the quadruple manner that Thomas always employs. He first runs a double ligature through and ties each thread on its own side, then brings each thread to the opposite side and ties it.

The left ovary and tube were next removed in a similar manner. The ovaries and tubes were to all appearances perfectly normal, and Dr. Thomas said he expected to find them that way. His object was to stop menstruation and cure the terrible dysmenorrhœa which had thus far made the patient's life a curse to herself.

Sir Spencer wells says:* "The right to use this operation is very limited in cases of ovarian dysmenorrhœa, and only when they have resisted all other treatment, and life or reason is endangered."

Lawson Tait commenting on this statement, says: "Therefore, as the removal of the uterine appendages and arrest of menstruation is the only permanent and complete cure for such patients, the only means of securing physiological rest and complete rest for them, I am disposed to accept Sir Spencer Wells' conclusion."

Again, in speaking of this operation, Sir Spencer Wells concludes that, "in nearly all cases of nervous excitement and madness, it is inadmissible," and Lawson Tait adds, "I am, for the present at least, disposed to agree with him."

Again Lawson Tait says: "I have a great belief in the opinion of women upon all matters concerning their own sex. Here is the opinion of a very clever woman on this subject, Dr. Mary Dixon Jones, of Brooklyn. She has operated successfully in a number of cases by removal of the appendages, and says: "But lately there is a great hue and cry about the possible future baby. They do not stop to think of the countless number of women who are barren and childless for years from various forms of uterine diseases — 'a drop may stop a dynasty.' When women are suffering from hopelessly diseased tubes and ovaries, they must not be 'unsexed'; they must continue years in torment and misery and inability for any kind of em-

*N. Y. Medical Journal.

ployment or avocation, because perhaps in the diseased ovary there may be a healthy follicle, which may contain a healthy ovum, which may find its way through a possibly diseased tube, and *possibly* find other favorable conditions—like Mrs. Toodles, who purchased a door-plate on which was cut the name of Thompson, because she might have a daughter, who might grow up and might marry a man by that name. Removing diseased uterine appendages is not unsexing a woman; it is restoring her from helpless invalidism to all the possibilities and opportunities of life and labor. It is not taking away the possibility of her having children—that has already been done by disease; it is only removing a cause of suffering (New York Medical Record, August 21, 1886)."

In the September number of the *American Journal of Obstetrics*, Lawson Tait objects to such operations as the one by Dr. Thomas, described above, and says: "Save when the seat of such *organic disease* as will *explain genuine suffering*, the uterine appendages ought *not to be removed*"; and in the same number of the same journal he declares that "the ovaries should never be removed unless they are unquestionably diseased, that is, unless an *anatomical alteration can be detected without doubt by a physical examination*."

To me it seems that Dr. Thomas was perfectly justified in removing the uterine appendages, as all reasonable means had failed to cure the dysmenorrhœa that was ruining the woman physically and mentally, regardless of whether any anatomical alteration in the ovary could be detected.

I heard Prof. Lusk, in a didactic lecture, say he knew "this operation was being performed too often in New York. That the operator would take out a slightly enlarged roughened ovary, and triumphantly display it to the onlookers, and say, 'see the cystic degeneration!' when the cysts were only the normal Graffian Follicles, and the roughness the normal cicatrices of the corpus lutei. The trouble with oophorectomists is they never go to the dead-house to find out what a normal ovary is, but believe in an ideal velvety ovary that is in reality only found in the girl before puberty."

Dr. Alfred Meadows recently said: * That he fully believed "in the sound and scientific basis upon which the operation is

* St. Louis Courier of Medicine, November, 1886.

founded, and regards it as a valuable addition to our means of relieving patients suffering from certain ovarian and tubal diseases that are beyond the reach of therapeutic agencies, and even approves of its applicability in cases of nervous diseases which have resisted all attempts to cure them with drugs, even when no disease of the ovaries or tubes themselves can be detected, and also believes it available for the relief of some forms of uterine fibromata.

He raises the question also whether the operation should not be performed upon women who are the subject of such deformity as to preclude the birth *per vias naturales* of a living child, the operation itself being less dangerous than craniotomy or Porro's operation, and being in his judgment less objectionable from a moral aspect than the so-called safeguards to prevent conception."

WALTER LINDLEY.

TRANSLATIONS.

TRANSLATED FOR SOUTHERN CALIFORNIA PRACTITIONER.

Surgical Treatment of Peritonitis (Dr. M. Heitler, Zeitschr. f. d. ges. Therap. 86-8). From the German, by Albert S. Adler, M. D., Globe, A. T.

The satisfactory results of abdominal surgery, the experiences gained by surgeons in operations of the abdominal cavity, necessarily led to the surgical treatment of peritonitis. Krœnlein writes, "that the problem of an operative treatment of acute, diffuse, purulent peritonitis lay—as the saying goes—in the air at the present period of abdominal surgery." The favorable results of laparotomy, even during the existence of peritonitis: Lawson Tait performed forty ovariectomies under this circumstance; individual favorable results obtained in traumatic peritonitis gave an impulse to operate surgically in peritonitis of different kinds. Marion Sims spoke in 1881 in favor of laparotomy in perforation-peritonitis, and expressed himself that the day will come, and was not far off, when a reliable diagnosis in such cases would be followed by a prompt treatment that could save many a life, which otherwise would be destroyed. Though the number of operated cases with success was relatively small, still it suffices as an important factor

in the description of the operative treatment of peritonitis, from a general point of view. The results of surgeons are to be considered of great worth, because they refer to patients completely restored to health who were regarded as lost. Heitler cites then a large number of interesting cases from foreign literature. Amongst them is the case of Prof. Krœnlein. An eighteen year old help complained of severe vomiting and abdominal griping, which appeared eight days before his admittance to the hospital, and immediately after he had eaten a large number of cherries. The usual remedies proving inactive the attending physician sent him to the hospital, deeming it a surgical case. Krœnlein performed laparotomy the next day, thus on the ninth day of the disease. In this manner a large accumulation of ichorous purulent exudation was removed. A perforation could not be found in the intestines, still Krœnlein is inclined to believe of its existence. The patient recovered without any further complication.

We coincide with Krœnlein that this case is extremely important. We can but say that it was fortunate for the patient that his attending physician had the forethought that surgery would benefit him and forward him to the clinic to be operated, for the patient would have died without laparotomy."

Chronic aggregations of pus in the abdominal cavity as forerunners of acute or chronic inflammatory processes (abdominal empyema) were for a long period the subject of surgical treatment, and we possess quite a number of observations in regard to the same.

Kaiser mentions in 1876 a case of abdominal empyema belonging to the clinic of Prof. Kussmaul, which was treated successfully with puncture and incision. At the same time this author gives a very reliable statistic of abdominal empyema, treated (up to that time) by means of surgery. Of sixteen cases of abdominal surgery treated with an artificial opening, fifteen were cured, and amongst them seven cases of puerperal peritonitis. In a discussion which followed a lecture held by Prof. Leyden, in the Berlin Medical Society, over "idiopathic peritonitis," Leyden expressed himself in favor of an operation. Litten and Isral then reported cases of accumulation of pus in the peritoneal cavity treated with success by an operation. The following case of Perniel is very remarkable as published in the *Gazetta degli Ospitali*: The patient was twen-

ty-six years old, and three years before his present ailment he fell upon his right groin followed by severe pains. Soon fever and vomiting set in and the man was compelled to lay in bed over a month. Later the pains subsided and he could perform his work as a coachman. During which time the circumference of the abdomen increased in size. The examination revealed a large amount of free fluid in the abdominal cavity; a puncture was then made through which eighteen litres of a thin purulent fluid escaped. The pain ceased and he was discharged. In the course of three months he was twice re-admitted into the clinic and each time twelve and eight litres of pus were removed by a puncture. The patient recovered and during the succeeding two and one-half years was in good health. When he again entered the hospital with a circumscribed accumulation of pus situated in inferior part of the abdomen. By means of a radical operation, division and drain, three and one-half litres of pus were discharged. From that time on the patient gained his health without any further disturbance.

Laparotomy is indicated in those cases of acute, diffuse peritonitis which have been induced by an entrance into the abdominal cavity of intestinal contents, pus, bile and urine, and in which by the removal of the cause of the peritonitis the same can be arrested. To this category of peritonitis we include those that are complicated with perforation of the stomach and intestines, of the processes vermiformis, of the urinary and gall bladder, peritonitis caused by an accumulation of pus within the peritoneal cavity in perityphilitis, etc. It is a known fact that most cases of peritonitis of an acute type are very severe, and that a majority of them terminate fatally. The circumstance that the cause of the peritonitis cannot be ascertained with certainty, should not be brought to bear against laparotomy. The cases in which a sure cause of the peritonitis cannot be given are very rare indeed. Referring to the time of operation, it is impossible to fix it. The moment of such a procedure depends on the one side upon the causation of the peritonitis, on the other upon the symptoms which the patient presents.

Great difficulties are presented in the question of an operative interference regarding shock which appear so frequent and with a special intensity in acute peritonitis. Though the gen-

eral and local reaction is very often (even in extensive peritonitis) equal to *nil*, shock appears more frequent and more intense in peritonitis than in the inflammation of the other serous membranes. In some patients severe collapse sets in with the initial stage of peritonitis, and even the strongest excitants are not able to rouse him, even for a short time. Heitler believes that it should be regarded as a rule that shock in general should be a contra-indication for a laparotomy.

Another question still arises, whether an operation would be of benefit in the early stage of such peritonitis where none of the above named causes exist, and where there is no hope to remove the cause of the complaint by means of laparotomy, as in idopathic peritonitis, etc. The removal of the pus found in the commencement of the process cannot indicate a laparotomy; it should only be performed to arrest the inflammation. Thus far we have no experience referring to the last, and we are thus compelled to borrow those experiences gained in operations of other serous membranes (especially the pleura). The experiences which we have obtained in the last have demonstrated that it is an impossibility to arrest the progress of the disease by an operative treatment. Kaiser and Marten regard severe dyspnoea and danger of suffocation in abdominal empyema as an indication to operate, and one can question whether the same conditions should indicate an operation in the commencement of an acute peritonitis. Under such circumstances one is justified to operate if he can detect a large accumulation of pus. This is hardly the case in the commencement of peritonitis; the dyspnoea is caused by the fever, by the meteorism or by the severe pains which naturally cannot be removed by a laparotomy. Therefore it is better to wait till the acute stage has passed into a chronic — till a stationary condition has been established.

The advice, remove pus in abdominal empyema, was frequently given by P. Franck, Von Vreeken; also Kaiser pleads for the operative treatment of the same.

A spontaneous cure is not scheduled in abdominal empyema, either by means of absorption of the pus, which takes the place in relatively small collections of pus, or by means of a partial resorption, thickening and encapsuling of the pus, or by evacuation of the pus through the abdominal organs or walls. The thickened mass of pus left in the abdominal cavity

is no indifferent matter; the rupture of the pus sac into the different organs of the abdomen is always a serious sequel, the most favorable whenever the pus breaks through the abdominal coverings. Kaiser compiled eighteen cases of the spontaneous rupture to the outside; twelve of them broke through the abdominal coverings and all patients recovered; in two instances a permanent cure was also expected. But such spontaneous rupture appear very late; the same does not appear in all cases, and patients affected in this manner succumb under hectic symptoms to pyæmia or other complications. By means of an artificial evacuation of the pus the cure is accomplished with a higher degree of certainty and the duration of sickness is essentially shortened. It is impossible to fix the exact period to undertake this removal of pus. Kaiser mentions that in all those cases of purulent exudation referred to the opening was made after a lapse of fourteen days. Heitler says that most of the authors prefer the incision to the puncture, and in great many of the cases in which the cavity was first punctured, it became necessary to make an incision.

SPECIALS.

DR. ISAAC HULL PLATT, late of Brooklyn, N. Y., has removed to Lakewood, N. J.

The Journal of Cutaneous and Venereal Diseases has changed its name to *The Journal of Cutaneous and Genito-Urinary Diseases*. Wm. Wood & Co., New York. Terms, \$2.50 per year.

At the December meeting of the Board of Supervisors of Los Angeles County, Dr. Andrew McFarland resigned his position as Coroner, and Dr. Will E. Lindley was elected to fill the unexpired term.

At the December meeting of the Faculty of the Medical College of the University of Southern California, Dr. G. A. Wood was elected Professor of Chemistry, Dr. John L. Davis was elected Professor of Materia Medica and Therapeutics, and Dr. Granville McGowen was elected Professor of Cutaneous and Genito-Urinary diseases. These three gentlemen have heretofore been lecturers in the College, and their work has proved them worthy of this promotion.

Governor Mansfield is preparing for the SOUTHERN CALIFORNIA PRACTITIONER a medico-judicial paper on malpractice.

Dr. E. A. Follansbee, who was the first cash subscriber to the SOUTHERN CALIFORNIA PRACTITIONER, was the first to send in a renewal, accompanied by \$1.50, for 1887.

Every physician should carefully study the advertisement of John Wyeth and Brother in this number of the SOUTHERN CALIFORNIA PRACTITIONER. Those tablets are of great value.

Heinzeman & Wood, 268 South Spring street, Los Angeles, have an elegant stock of surgical instruments. San Francisco physicians can buy cheaper of them than of the San Francisco houses.

The editors of the SOUTHERN CALIFORNIA PRACTITIONER have transferred the business management of the journal to Messrs. Stoll & Thayer, the well-known booksellers, No. 3 South Spring street, Los Angeles.

The names of Dr. J. H. Davisson, Dr. David C. Barber, Dr. H. F. Page, Dr. T. M. Michaels, and Dr. Rose Talbot will come before the Los Angeles County Medical Society at its January meeting. They will be elected members, sure.

Dr. Fred. T. Bicknell is the President elect of the Los Angeles County Medical Society for 1887; Dr. M. Hagan is Vice-President; Dr. E. T. Shoemaker, Treasurer; Dr. Granville McGowen, Secretary. Will the Secretary do his duty? Yes. Then the society will be a success.

A letter from the office of Fellows' Hypophosphites says: "As to advertising in the religious or secular press, it is *absolutely false*. We do no advertising whatever in a popular way." They make this statement to contradict a charge against them that appeared, page 325 of the August number of the PRACTITIONER.

Dr. R. E. Goodfellow, the talented Arizona surgeon, called on the SOUTHERN CALIFORNIA PRACTITIONER last month. He is most appropriately named. Judge Lynch recently hung a very bad character at Tombstone, and Dr. Goodfellow was called on to write the verdict for the coroner's jury, which he did as follows: "We, the jury, find that John Heath came to his death from emphysema of the lungs, a disease very common in high altitudes. In this case the disease was superinduced by strangulation, self-inflicted or otherwise."

A New York work on Diseases of Women, by Goodell, will be issued by D. G. Brinton, Philadelphia, early in March. It will be on sale by Messrs. Stoll & Thayer, Nadeau House, Los Angeles.

We intended buying several surgical instruments during our recent visit to New York, but we found they could be purchased just as cheaply of Heinzeman & Wood, 268 South Spring street, Los Angeles.

The example of Drs. Follansbee and Griffin has been followed by many others. The price of the SOUTHERN CALIFORNIA PRACTITIONER is only \$1.50, and every physician on the Pacific Coast can well afford to pay that amount.

Dr. J. S. Griffin, the first President of the Los Angeles County Medical Society, was one of the early subscribers for our journal last year, and was the second person to send in a renewal, and \$1.50, for 1877. There is something practical and tangible about this kind of encouragement.

We have received the *Times-Democrat* of New Orleans, containing the proceedings of the Southern Homeopathic Association. Dr. C. E. Fisher, of Austin, Texas, editor of the *Southern Journal of Homeopathy*, read an excellent paper on gunshot wounds of the spine. There were some other good papers, but we regret to say that three-fourths of the report is taken up with harping on Homeopathy or abusing "Allopathy." The SOUTHERN CALIFORNIA PRACTITIONER has always believed that scientists could find better employment than abusing those who disagree with them. Abuse is not science.

We have received the December number of the *Magazine of Western History*, containing an excellent picture and sketch of the life of that greatest teacher of anatomy, Corydon L. Ford, M.D., A.M., LL.D. Professor Ford has been teaching anatomy for 45 years, and is to-day practically a young man. We well remember when we were quaking with apprehension, as our final examinations approached, that we received the following note:

"DEAR SIR: There will be a little gathering at my rooms to-morrow, Tuesday, evening. You are cordially invited to be present.
Yours truly, C. L. FORD."

He knew how to intertwine dry humor with a dry subject. In his lectures wit and wisdom were so happily combined that his students considered each lecture a rich treat.

BOOK REVIEWS.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM.

By WILLIAM A. HAMMOND, M. D., Surgeon-General U. S. Army (Retired List); Professor of Diseases of the Mind and Nervous System in the New York Post Graduate Medical School and Hospital; member of the American Neurological Association and of the New York Neurological Society; of the New York County Medical Society; of the New York Medico-Legal Society; of the American Philosophical Society (Philadelphia); Fellow of the American Academy of Arts and Sciences (Boston); Fellow of the College of Physicians (Philadelphia); Corresponding member of the Anthropological Institute of Great Britain and Ireland; Honorary member of the Royal Medico-Chirurgical Society of Edinburgh; of the British Medical Association, etc., etc. With one hundred and twelve illustrations. Eighth edition, with corrections and additions.

"Est quoddam prodire tenuis, si non datur ultra."—*Horace*.

New York: D. Appleton & Company, 1, 3 and 5 Bond street. 1886.

We cannot enter into a review of this remarkable work. The fact that it has reached its eighth American edition, and has been translated into French, German and Italian demonstrates its value. Professor Hammond is an original thinker. He does not allow his mind to be handicapped by tradition. The consequence is, he destroys the idols of many neurologists who are less progressive; but the mass of the profession follow, looking up to him as a leader. There is not a dull page in this book. Aristotle's writings contained many valuable thoughts expressed in a crude style, but Dr. Hammond's work is beautiful in diction as well as valuable in fact. No physician can practice medicine intelligently and progressively unless he has access to this work.

FIFTY CASES OF ABDOMINAL SECTION. (Second Series.) By JAMES B. HUNTER, Surgeon to the Woman's Hospital, Professor of Gynecology in the New York Polyclinic. Reprinted from the *N. Y. Medical Journal*, August 21, 1886.

The author says: "In certain of the cases known as Tait's operation (removal of uterine appendages) the results have been surprisingly good, the patients having been rescued after years of invalidism and suffering, and restored to the enjoyment of perfect health. * * * I still use the spray, wherever it can be obtained, for an hour or more before the operation. I use carbolic acid freely and thoroughly, and the bichloride sparingly, unless there are special indications for a powerful disinfectant. Water that has been boiled is used for all the solutions."

INTER-STATE NOTIFICATION. By JOSEPH HOLT, M.D., President Louisiana State Board of Health.

BIENNIAL REPORT OF THE DIRECTORS, and Thirty-third and Thirty-fourth Annual Reports of the Superintendent of the Insane Asylum of the State of California (at Stockton). For two years, ending June 30, 1886.

Dr. W. H. Mays, the Superintendent, says: "The families of intemperate parents furnish the recruiting ground for insane asylums. * * It is in the second generation that the evil works the most harm." He says there are 70 Chinese inmates, and that mental disease is particularly rife among the Chinamen.

LEPROSY ON THE HAWAIIAN ISLANDS. By M. HAGAN, M.D., late Hawaiian Physician to the Insane Asylum. Reprint from SOUTHERN CALIFORNIA PRACTITIONER for March, 1886.

This paper is a valuable addition to the literature of Dermatology, and has been extensively republished and quoted from by Eastern Medical Journals.

SPONDYLITIS AND ROTARY LATERAL CURVATURE OF SPINE—their Proper Treatment Practically Demonstrated with Exhibition of Cases. By LEWIS H. SAYRE, M.D. New York. Reprinted from Proceedings of the New York State Medical Association, 1885.

The most valuable publication on this subject.

THE NECESSITY OF RECOGNIZING REFLEX SPASM Produced by Point Pressure in Contractured Tissues, and of Making Proper Division of the same before any Mechanical Treatment can be Effectual. By LEWIS HALL SAYRE, M.D. New York. Reprint from *Virginia Medical Monthly*, October, 1886.

INTUBATION OF THE LARYNX FOR DIPHTHERITIC CROUP. By E. FLETCHER INGALLS, A.M., M.D., Professor of Laryngology, Rush Medical College; Professor of Diseases of the Throat and Chest, Woman's Medical College, Chicago. Reprinted from the *Journal of the American Medical Association*, July 10, 1886.

CHRONIC CATARRH. By Dr. JOHN L. DAVIS, Lecturer on Materia Medica and Therapeutics in the Medical College of the University of Southern California. Los Angeles. Reprint from SOUTHERN CALIFORNIA PRACTITIONER for November, 1886.

THE PHYSICS AND PHYSIOLOGICAL ACTION OF PNEUMATIC DIFFERENTIATION. By ISAAC HULL PLATT, M.D., Visiting Physician to St. Mary's Hospital. Reprinted from *N. Y. Medical Journal*, Nov. 6 and 13, 1886.

THE TREATMENT OF UTERINE FLEXIONS. By VIRGIL HARDIN, Lecturer on Operative Gynecology, Southern Medical College, Atlanta, Georgia. Reprinted from *Atlanta Medical and Surgical Journal* for August, 1886.

CERTAIN HEREDITARY AND PSYCHICAL PHENOMENA IN INEBRITY. By T. D. CROTHERS, M.D., Superintendent of Walnut Lodge, Hartford, Conn. Reprint from the *Alienist and Neurologist*, St. Louis, October, 1886.

THE ST. LOUIS POST GRADUATE SCHOOL OF MEDICINE, POLYCLINIC AND HOSPITAL. Announcement for 1886-7.

ADDRESS ON RELATION OF QUARANTINE TO SHIPPING INTERESTS. By JOSEPH HOLT, M.D., President Board of Health, State of Louisiana. Read before the American Shipping and Industrial League.

MEMOIR OF AUSTIN FLINT, M.D., LL.D. By A. JACOBI, M.D., President of the New York Academy of Medicine. Reprinted from the *N. Y. Medical Record*, April 24, 1886.

Lindsay & Blakiston's Visiting List for 1887 is before us. It is nicely and substantially bound, and has this year some valuable NEW FEATURES, viz.: Disinfectants and Disinfecting; Examination of Urine; List of Standard Reference Books, and A Cash Account. Send one dollar to P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia, and get a copy.

Physician's Day Book, Leonard, the Illustrated Medical Journal Co., 89 Miami avenue, Detroit, Mich., is also a Visiting List that can be had for one dollar. It is a very useful book.

DEATH OF DR. JOHN SCOTT.

WE learn with sorrow, just as the SOUTHERN CALIFORNIA PRACTITIONER goes to press, of the death of Dr. John Scott, the well known San Francisco gynecologist. Dr. Scott was a graduate of the Royal College of Surgeons of Ireland, 1843, and of the University of St. Andrews, Scotland, 1844. He was a philanthropic, public spirited citizen, a genial gentleman and an able surgeon.

THE SOUTHERN CALIFORNIA PRACTITIONER is the title of a very ably edited medical journal recently established at Los Angeles, California. It is especially devoted to the careful investigation of the climate and climatic laws of Southern California, Arizona and New Mexico. The subject-matter of each number is of a high order, and it has already taken its place in the front rank of journals of its class.—*The Dental Eclectic*.

DR. D. G. BRINTON, the well-known editor of the *Medical and Surgical Reporter*, of Philadelphia, has been elected Professor of American Archaeology and Linguistics in the University of Pennsylvania. Dr. Brinton has written a number of valuable works upon aboriginal American languages and is also the author of several medical works which have had large circulation.

PLACEBOES.

THE INTELLIGENT IRREGULAR.—Upon a certain occasion Mr. Williams (afterwards U. S. Judge for the territory of Iowa) was defending a client, in the interior of Pennsylvania, against the claim of a quack doctor (who professed everything and knew nothing), and who had instituted a suit for surgical services, and had marked the suit to the use of another in order to become a witness. The following was developed during the cross-examination :

Counsel—"Did you treat the patient according to the most approved principles of surgery?"

Witness—"By all means—certainly I did."

Counsel—"Did you decapitate him?"

Witness—"Undoubtedly I did; that was a matter of course."

Counsel—"Did you perform the Cæsarean operation upon him?"

Witness—"Why of course; his condition required it, and it was attended with great success."

Counsel—"Did you now, doctor, subject his person to an autopsy?"

Witness—"Certainly; that was the last remedy adopted."

Counsel—"Well, then, doctor, as you performed a *post mortem* operation upon the defendant, and he survived it, I have no more to ask, and if your claim will survive it, quackery deserves to be immortal.—*Ohio State Journal of Dental Science.*

A HORRIBLE EXAMPLE.—A Parisian doctor prescribed for a lady who had objections against growing stout : "Take exercise, my dear lady. Consider the trees of the field; they never take exercise, and as a consequence they go on growing bigger and bigger every year."

"You just take a bottle of my medicine," said a quack doctor to a consumptive, "and you'll never cough again." "Is it as fatal as that?" gasped the consumptive.

HYDROPHOBIA does not exist in Lapland; but two dogs brought from that country, having been inoculated by M. Pasteur, contracted rabies, proving that Lapland dogs are not refractory to the disease.

THE OBSTETRIC BANDAGE.

PROFESSOR CZERNY, of Heidelberg, attributes the pendulous abdomen of some women who have borne children to the want of proper bandaging after labor. Observation has shown that the shape of the abdominal muscles are decidedly improved by the use of the obstetric binder, not only during the first week, but also for several weeks after confinement.—*Centralblatt für Gynakologie*, No. 3, 1886.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S.
SIGNAL SERVICE, LOS ANGELES STATION, FOR
OCTOBER, 1886.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.

Los Angeles, California.

Month of October, 1886.

DATE	MEAN BAROMETER.	TEMPERATURE.			Precipitation in inches & Hundredths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	29.952	61.3	73.5	51.1	*.—	Mean Barometer, 30.009
..... 2	29.918	59.8	76.3	45.2	*.01	Highest Barometer 30.232, date 21.
..... 3	29.983	63.1	73.0	54.7	*.—	Lowest Barometer, 29.886 date 9.
..... 4	30.026	61.8	69.0	56.3	.00	Monthly Range of Barometer, .346
..... 5	29.969	60.9	69.6	56.8	.00	Mean Temperature, 59.3
..... 6	29.925	61.3	73.0	65.3	.00	Highest Temperature, 82.2, date 25
..... 7	29.013	62.8	78.0	50.1	*.—	Lowest Temperature, 41.1, date 27
..... 8	29.948	62.7	76.3	55.1	.00	Monthly Range of Temperature, 41.1.
..... 9	29.927	59.3	67.0	56.5	.09	Greatest Daily Range of Temperature, 39.4.
..... 10	29.915	59.9	69.0	46.2	.01	Least Daily Range of Temperature, 8.2.
..... 11	29.974	54.5	68.3	43.3	*.—	Mean Daily Range of Temperature, 23.6.
..... 12	30.040	55.8	70.0	43.1	*.—	Mean Temperature this Month
..... 13	30.054	61.8	78.0	42.3	*.—	1878..63.1 1881..61.0 1884..62.3
..... 14	30.014	64.1	80.3	48.7	*.—	1879..64.3 1882..63.0 1885..64.8
..... 15	30.038	62.8	79.8	48.0	*.—	1880..42.0 1883..61.0 1886..69.3
..... 16	30.084	60.5	75.8	44.8	*.—	Mean Daily Dew Point, 52.4.
..... 17	30.024	54.7	67.3	46.0	*.—	Mean Daily Relative Humidity, 80.0
..... 18	29.942	59.2	68.8	50.1	*.—	Prevailing Direction of Wind, W.
..... 19	29.968	57.5	67.0	49.2	.00	Total Movement of Wind, 4076 miles.
..... 20	29.973	56.5	68.0	43.3	*.—	Highest Velocity of Wind and Direction, 24., W.
..... 21	30.174	58.7	70.1	50.1	*.—	Total Precipitation, .02
..... 22	30.161	56.3	69.3	42.8	*.—	Number Days .01 inches or more Rain fell, 1.
..... 23	30.027	58.8	73.5	44.8	*.—	Total Precipitation (in inches and hundredths) this Month
..... 24	30.019	59.0	75.0	42.8	*.—	1878..14 1881..82 1884..89
..... 25	30.081	60.8	82.2	42.8	.00	1879..93 1882..05 1885..30
..... 26	30.031	62.2	79.2	45.7	.00	1880..14 1883..143 1886..02
..... 27	30.038	56.3	70.0	41.1	*.—	Number of Foggy Days, none.
..... 28	29.910	60.5	69.0	55.2	*.—	" " Clear " 15
..... 29	29.940	58.5	63.4	55.2	*.—	" " Fair " 14
..... 30	30.075	56.4	65.0	47.9	*.—	" " Cloudy " 2
..... 31	30.141	53.5	64.0	42.3	*.—	Dates of Auroras, none.
						Dates of Solar Halos, 25.
						Date of Lunar Halos, none.
						Dates of Frost } Light, 11, 12, 20,
						22 23, 24, 25.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

Th — indicates precipitation inappreciable.

Month of November, 1886.

DATE	MEAN BAROM- ETER.	TEMPERATURE			Precipitat'n in inches & hundredths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	30.09	52.8	65.2	38.3	.00	Mean Barometer 30.074.
..... 2	30.073	5.67	75.5	35.2	.00	Highest Barometer, 30.253, date 24
..... 3	30.077	61.3	79.9	41.1	.00	Lowest Barometer, 29.632, date 21
..... 4	29.987	66.5	84.9	49.7	.00	Monthly Range of Barometer, 6.21
..... 5	29.988	54.8	67.0	41.9	—	Mean Temperature 56.6.
..... 6	30.085	58.5	70.0	47.9	*—	Highest Temperature 84.4, date 4.
..... 7	30.092	54.8	66.1	43.5	*—	Lowest Temperature, 34.1, date 19
..... 8	30.089	54.1	66.0	42.3	*—	Monthly Range of Temperature 59.8.
..... 9	30.080	55.7	63.0	43.3	*—	Greatest Daily Range of Temper- ature, 38.9, date 13
..... 10	30.127	54.9	65.3	44.6	*—	Least Daily Range of Tempera- ture, 18.5, date 21
..... 11	30.109	68.8	72.0	49.2	.00	Mean Daily Range of Tempera- ture, 27.1.
..... 12	30.043	59.3	77.3	44.8	.00	Mean Temperature this Month
..... 13	30.074	57.6	77.0	38.1	.00	1878...62.1 1881...57.5 1884...59.6
..... 14	30.097	57.5	74.5	40.3	.00	1879...56.5 1882...57.3 1885...59.5
..... 15	30.069	56.6	68.8	42.3	*—	1880...55.5 1883...59.2 1886...56.6
..... 16	30.161	50.7	64.8	26.1	.00	Mean Daily Dew Point, 44.5.
..... 17	30.176	50.9	65.9	26.0	.00	Mean Daily Relative Humidity, 67.1.
..... 18	30.108	50.7	64.0	39.5	.00	Prevailing Direction of Wind NE
..... 19	30.044	4.91	66.0	34.1	.00	Total Movement of Wind, 4467 miles.
..... 20	29.958	52.5	60.0	42.4	—	Highest Velocity of Wind and Direction, 30, W
..... 21	29.740	52.8	59.0	45.5	1.18	Total Precipitation 1.18.
..... 22	29.974	48.0	58.0	48.3	*—	Number Days .01 inches or more Rain Fell, 1.
..... 23	30.158	50.0	62.0	39.2	*—	Total Precipitation (in inches and hundredths) this month
..... 24	30.226	55.8	70.1	44.5	*—	1878...— 1881...27 1884...1.07
..... 25	30.170	60.3	74.6	50.1	.00	1879...3.44 1882...1.82 1885...5.55
..... 26	30.196	61.5	79.5	46.2	.00	1880...67 1883...— 1886...1.18
..... 27	30.182	63.8	81.1	48.2	.00	Number of Foggy Days, none.
..... 28	30.118	65.5	84.0	48.4	.00	" " Clear " 22
..... 29	30.046	66.2	81.6	52.0	.00	" " Fair " 7
..... 30	29.998	59.5	76.7	45.2	.00	" " Cloudy " 1
..... 31						Dates of Auroras, none.
						Dates of Solar Halos, 11, 18.
						Dates of Frost { Light, 12, 13, 22, | 23 24
						Illness, 2, 16, 17, 18, 19.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

SIGNAL OFFICE.

MEAN TEMPERATURE AND PRECIPITATION FOR NOV., 1886.

	Mean Temp. Precipitation.	
Los Angeles	56.5	1.18
Olympia	42.0	1.70
Portland	42.0	1.00
Roseburg	41.0	2.60
Red Bluff	53.0	.30
San Antonio	50.0	.20
San Diego	56.0	.90
San Francisco	55.0	.80

GEORGE E. FRANKLIN,

Sergeant Signal Corps, U. S. Army.

NOTES: Barometer reduced to sea level and standard gravity. The dash (—) indicates precipitation inappreciable.

THAT belladonna often cures sterility is the statement which has been made by several writers recently.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. II. LOS ANGELES, CAL., FEBRUARY, 1887. No. 2.

ORIGINAL.

COLTON AS A HEALTH RESORT.

BY G. L. HUTCHINSON, M. D., COLTON, CALIFORNIA.

CLIMATOLOGY is at present receiving the close attention of the leaders in our profession. While men of less discernment and narrower views may be fascinated by the mysterious action of drugs upon the human organism, or even blinded and led to trust almost as implicitly as a layman to the curious and marvelous preparations of the chemist or pharmacist, the great thinkers in their study of nature's masterpiece do not forget the wonderful forces that brought him into being, that develop and mould him, mentally and physically, and which, acting through centuries, have changed the original type of man until we almost deny the relationship of the races.

The varying physical conditions that have stamped each race with its distinctive characteristics, renders one invulnerable to influences that would speedily destroy another; but with the power of resistance is also manifested a tendency in one race, or in the people of certain localities, to diseases quite unknown to another.

Removing from a locality, or changing the avocation or surroundings from that which is evidently the cause or continuance of disease, is productive of such good results, and is so often a part of our everyday experience that the most ignorant would say that such a proceeding was only a manifestation of common sense.

Pressing forward on this line, it is the grand hope and ambition of the climatologist to become so familiar with the physical conditions of various localities throughout the world, that, given a case with a tendency to develop a certain disease, or even with disease existing, he can send his patient where

the conditions are so antagonistic to the disease that recovery will in many cases be a certainty.

In that widely prevalent and fatal disease of temperate climates, and one most intractable to treatment by drugs, pulmonary phthisis, do climatologists look for the most substantial results.

With facilities for travel and more accurate knowledge that comes from careful and systematic study, there opens to the physician a prospect of as brilliant results as have recently been attained by the surgeon.

Here in Southern California, where we boast that within one hundred miles of the "City of Angels" there exists almost any climate that a health-seeker could desire, and, with abundant clinical material coming from all parts of the world, the profession of this part of the State ought to stand at the front in this important study.

It is evident, with the wide range from the sharp and bracing air of the mountains to the warm and equable temperature of the valleys, that the invalid, who is strongly influenced by conditions that would pass unnoticed in health, may by a chance or misdirection select a place that is positively harmful.

It is in these cases that resident physicians, by a thorough knowledge of the surrounding country and a careful diagnosis, can most ably supplement the advice of physicians in distant States who vaguely advise their patients to "try Southern California."

While Los Angeles is usually the objective point for tourists from the East, those coming by the two southern routes pass a point that experience is demonstrating possesses peculiar advantages for the health-seeker.

Colton is a town of about 1,500 inhabitants, located sixty miles from the coast, near the center of the beautiful San Bernardino valley, and at the junction of two of the great trans-continental railroads, the Atlantic and Pacific and the Southern Pacific. About twenty miles distant can be seen the snow-capped peaks of the highest mountains in Southern California, while down in the valley are some of the finest orange groves in the State.

A large portion of the town is built upon a broad, sandy slope or "wash," which seems to be the bed of a mountain stream that was long ago diverted to other channels. It is

about one-half mile from and seventy feet above the Santa Ana river. If a dry, porous soil is desirable, here it is. The well-digger goes down seventy feet for water; fifty feet of which is through dry sand and gravel. With slight modifications, the relation between elevation above sea level and temperature holds good in Southern California as elsewhere. Colton has an elevation of about one thousand feet; slight frosts sometimes occur, but not enough to injure orange or lemon trees. Fog is rare; when it occurs it is only at night, and is so thin that it disappears with the first rays of the morning sun. Protected by some low mountains to the southwest, the heavy sea-fog drifts by to the north and south, and rolls up in fleecy masses against the mountains several miles away.

Lying out in the valley several miles from the mountains, the cold winds which rush out of the cañons and through the passes subside in the warm air of the valley, like turbid streams flowing into a placid lake, and one often hears the remark made by visitors who are spending the winter nearer the mountains, "How still it is here in Colton." This does not apply to the northers, for the highest mountains and the deepest valleys can only afford partial protection from them.

A large proportion of the rain falls upon the mountains; many days in succession the mountains will be shrouded with dark storm-clouds, while out in the valley is unbroken sunshine. There is during a part of the year a sudden fall of temperature at sunset, ranging from fifteen to thirty degrees. Theoretically, this has been considered unfavorable for phthisical patients; but with the important elements of elevation, dry air and soil, it is practically the reverse.

Pure water is at all times of the greatest importance, and especially in a warm climate. Heretofore water has been supplied by deep wells, but now water is brought in iron pipes, from artesian wells several miles away.

Six miles south of Colton is Riverside, and three miles north San Bernardino; with these cities we are closely connected by steam and horse cars, and while we have many of the advantages, we escape the dangers incidental to a dense population.

Of the advantages of Colton as a winter home for invalids, there can be no question.

Its freedom from fog, rain and wind; its elevation and pure water; its remarkably dry soil and air; conditions which, taken

together, are almost the antithesis of those which develop phthisis.

Its proximity to neighboring cities and the mountains by several lines of railroad, give it peculiar advantages. During the summer months the thermometer ranges at midday from 90° to 115°. During the day there is a strong sea breeze, but the nights are still and cool. To one who has not seen the fact demonstrated, it is incredible that such a burning heat could be either grateful or beneficial, but in this dry heat, where the functions of the skin are at their maximum and the heat-producing forces of the body at a minimum, phthisical patients often do well, and it seems that at this season, more than any other, the alterative influence of climate is most marked.

Invalids with almost any disease, especially rheumatism and phthisis, do well at Colton throughout the year; but those suffering from diseases of the nose, pharynx or larynx, characterized by scanty secretion, find the winters very pleasant, but the summer the reverse, and should not remain here during the heated term.

HOT-WATER RETROJECTION IN GONORRHEA AND GLEET.

BY W. E. REED, M.D., LOS ANGELES, CAL.

THESE twin ills, especially the former, have probably been the victims of more so-called "shot-gun" practice than any in the list. Their supposed curative agents include well nigh the whole *Materia Medica*, from *aqua distillata* to a solution of *nitras argenti*, almost as cauterant as the stick itself. Many of these have their virtues; nay, more, many of them are indispensable in certain forms and stages of these diseases, under circumstances that render the adoption of other remedial agents impossible. Yet I doubt if there is any intelligent physician, of any considerable practice, who has not seen sufficient evil results of hurling indiscriminately this avalanche of drugs upon the urethral mucous membrane in each and every phase of its abnormalities, to lead him to deplore the common practice, and long for something better. I claim we have it in the hot-water retrojection. I have used this apparatus for nearly

two years, and the results have been so satisfactory that I should now consider myself very poorly equipped without it. On an average it shortens the period of the disease by half, supposing the treatment commenced at *any* time during its course; and much more than this, if seen early. It avoids the necessity of vigilance to prevent the discovery of an ordinary injection outfit. No pain of consequence; and in extreme cases two treatments daily, usually doing away with every vestige of this feature—though this is required only in the very exceptionally severe cases. And, lastly, no possibility of producing stricture; thus avoiding the bringing about of a state of things by the treatment, as is often done by the usual method, that proves more serious ultimately than the original disease.

The following is a brief description of the apparatus I use: A copper vessel, capacity about two gallons; much taller than wide, thus augmenting the pressure; attachment for alcohol lamp underneath, and supplied with a stop-cock. This I elevate, by means of a cord and pulley attached to an arm near the ceiling, to a sufficient height to secure ample pressure, say, seven or eight feet. To the spicket I attach rubber tubing, and to the lower end of this a metallic retrojection catheter sufficiently curved to pass to prostrate. A *rubber* catheter is a bad substitute, as one or two treatments will so blister it as to produce irritation. A knob, firmly fixed at a convenient point, for the attachment of the cord, render it easy for the patient to elevate and lower the vessel, and to regulate the spicket and lamp at will. For the chair, I have one made with a semi-lunar, upholstered seat, with opening from front amply wide and deep enough back for convenience in letting the return flow pass into the basin underneath, which I have made to slide with ease on strips attached to underside of chair seat, and of a capacity that will hold the quantity of water used at a sitting. After heating the water to about 100° F., I introduce the catheter to within one-half to one inch from prostate, turn the spicket and elevate the vessel. I leave the lamp burning until the temperature is elevated to the point of endurance, or rather to a point just short of discomfort, which varies a little in individual cases. I regulate the spicket so as allow no more pressure than to keep a constant and gentle flow from the urethral outlet, thus occupying a longer time, which gives

a greater check to the disease at each sitting. If seen early, it is not necessary to introduce the catheter farther than to or near the bulb, in a case of gonorrhea. Those unacquainted with this process would be surprised to see with what rapidity any form of acute urithritis will give way under it, especially if attacked in its incipiency. I have found it equally as effective in gleet, in the absence of stricture, which, however, form an infinitesimal number of these cases.

Although the catheter I use has a slightly bulbous point, with openings pointing forward, it is a mere matter of choice rather than necessity; as I have frequently had the bladder fill full repeatedly, and pass off, as in urination, during one treatment, without evil effects. And as for the danger of setting up epididymitis or orchitis, I regard it so trivially that I have *begun* the treatment of cases where the latter already existed in a severe form, and the cure of the gonorrhea progressed as satisfactorily as though there had been no complication.

The chief impediment to the general employment of this mode of treatment consists in the time required. Though this can be removed in a measure, by having an additional private office where the patient can readily treat himself. For a venereal specialist it is especially valuable.

STUDIES OF THE DIRECTION OF PUS-CHANNELING IN
INFLAMMATION OF THE INGUINAL LYMPHATICS;
AND SCABIES AS A FACTOR IN THE MAINTENANCE
OF PROLONGED SUPPURATION OF THE INGUINAL
GLANDS.

[CONCLUDED.]

BY D. GRANVILLE MCGOWEN, M. D.,

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In the anatomical preparations of the lymphatics which I have had the opportunity of examining, I have found proceeding from the first or second superior superficial inguinal glands (by superior, I mean those glands situated above Poupart's ligament), very constantly: 1st. A chain of lymphatics passing inward and downward, about one inch below Poupart's ligament, and crossing the extreme upper and inner part

of the thigh to the perinæum; 2d. A chain passing in the superficial fascia along the line of Poupart's ligament almost to the spine of the pubes, and from thence descending upon the scrotum, dividing into two or more branches and passing to the perinæum upon the same side; 3d. One or more chains passing inward above the margin of Poupart's ligament to the crest of the pubes, and thence along the dorsum of the penis, to be distributed together with those from the opposite side to the prepuce and glands; 4th. Several chains passing directly downward along the inner margin of the thigh; 5th. Several chains passing upward in the fascia lying over the rectus muscle.

These are constant in their presence, and I will show that it is along them that, in cases of sub-acute or prolonged inflammation of these glands, that sinuses form and abscesses point. Bearing upon this point, and containing material of some interest as to the influence which parasitic cutaneous irritation may have in the maintenance of suppuration in inflamed or irritated lymphatic glands, are the following cases:

Case 1.—Samuel M., aet. 22; inmate of Blockley hospital, Sept., 1879. Among the relics left me by the physician who directly preceded me as resident in charge of the venereal wards was this case. His physical condition as to nutrition was fair. First admitted to the hospital about one year previous, with indolent suppurating buboes following chancroids. The latter, he stated, healed readily. At the time of admission his body was covered with a scabetic eruption, and fistulous tracts had already formed in the groin, the result of an illy-advised opinion given him by some physician, that he had better let the "blueballs bust themselves," as he expressed it. These sinuses were injected with iodine, nitrate of silver, peruvian balsam, carbolized oil, the sulphates and chloride of zinc, permanganate of potassium, etc. Oakum setons, elastic ligatures and other devices were resorted to, and twice during the year he was discharged as cured. But he had learned a trick which is not an uncommon one among the tramps and bummers who infest the hospitals of public charities in large cities: that of keeping open, or opening up, after its closure any wound or ulcer, by means of which they have gained admission, and which they know insures them bed and board so long as it remains unhealed. Shortly before coming

under my care he had gained admission a third time for the treatment of his sinuses. I found all of the fistulous tracts discharging pus. The entire chain of the superficial inguinal lymphatics on the right side, and the first and second glands on the left side, were involved in the inflammatory process. One fistulous opening was in the median line of the abdomen, about half way between the symphysis pubes and the umbilicus. One opened at the root of the penis; one on the outer surface of the thigh, just outside of the iliae insertion of the sartorius, and several upon the inner surface of the thigh, in the neighborhood of the saphenous opening. On the left side there were but two tracts, one leading down along Poupart's ligament to the scrotum, and the other over the inner surface of the thigh, nearly across the gracilis and adductor magnus. After treating these for several weeks by ordinary measures, long enough to convince myself that there was but little probability of their healing, even if they were left undisturbed by their possessor, I one day, after having consulted my visiting surgeon, and obtaining his reluctant sanction, determined to treat them in a rational manner. I laid them open freely with the knife, extirpated the diseased glandular structures, scraped away the pyrogenic membrane of the sinuses with Volkmann's curette, and packed them with iodiform and carbolized lint. By these measures I secured the double advantage of placing the patient in such a condition that he dared not interfere with the healing, through fear of fatal consequences, and I secured healthy granulation tissue.

In about eight weeks I had the pleasure of discharging him cured, though his thighs, groins and abdomen presented much the same appearance as does a map of county roads in some mountain district.

Case 2.—E. W., aet. 25 yrs. A well known society man of New York. He sent for me to visit him at his apartments, on the morning of April 30, 1885. Early in the preceding February, while on a prolonged debauch in Paris, he contracted a venereal ulcer, which was situated upon the prepuce. This was treated by the great master of venereal science, Ricord, who assured him that he had no constitutional symptoms to expect. The ulcer healed readily. Thirty days afterward, while in London, he noticed an eruption upon his penis, hands and arms, which was accompanied by a moderate amount of

itching. Several of the inguinal glands were enlarged, though not painful upon pressure. He consulted an eminent London physician, who pronounced his trouble syphilis, and prescribed a mercurial treatment. His family being at that time on the Continent, he naturally wished to avoid them, so he decided to return immediately to America. On shipboard he consulted the ship's surgeon, who, after an attentive examination, told him he thought he had the itch, but advised him to consult some New York physicians. Soon after landing he visited his family physician, a man of great eminence, and by him was told that he undoubtedly was a victim of syphilis. With some modifications, the treatment prescribed by the London confrere was continued. Not yet thoroughly satisfied, he in turn took the opinion of a surgeon noted for his clever gynecological operations, and that of a gentleman whose decision in cases of nervous trouble is seldom appealed from. Both of these physicians agreed with the opinion expressed by his family doctor. Unfortunately for him, however, he did not seek the aid of any of the physicians in New York, known to be competent to give an opinion upon skin or venereal troubles.

When he first came under my observation the surface of his whole body was covered with a scabetic eruption, evidently already of ten or twelve weeks' duration, mixed with a papulo pustular acne. His face was covered with the latter eruption, and across the forehead, close to the hair, was a ring of that form of acne which a careless or incompetent observer may readily confound with the corona veneris—acne frontalis. Three of the superficial inguinal glands, one on the left and two on the right side, were the seat of sub-acute suppuration. On the left the pus had already burrowed along the track I have described, below Poupart's ligament, across the upper and inner part of the thigh; on the right the direction of channeling was across the abdomen, just above Poupart's ligament, toward the root of the penis. After a careful examination of the eruption present and of the cicatrix of the venereal ulcer, I assured him that he had to do simply with a very severe case of the itch, and that the buboes were of a non-syphilitic character, arising primarily from the virus of the venereal ulcer, the inflammatory manifestations being prolonged and aggravated by his careless mode of life and the local irritation caused by the scabies present upon his genitals and lower ex-

tremities. The buboes received the same treatment used in the preceding case, but they obstinately refused to heal until after the total disappearance of the scabies and its attendant eczema.

Case 3.—B. P., aet. 19 yrs. Occupation, acrobat or tumbler. Applied to me at the Los Angeles dispensary for cutaneous and venereal diseases, on Aliso street, June 17th, 1886, with indolent suppurating buboes in right and left iliac regions, accompanied by a general papulo pustular eruption, most intense at the wrists, elbows, buttocks, axilla, knees, genitals and dorsum of the feet. He gives a muddled history of possible syphilitic infection, stating that two years ago, in Kansas City, he had a venereal ulcer upon his penis, and that at various times since he had been treated for syphilis. Certainly, however, at the time I first saw him, and during all of the time that he has been under my care, after carefully and repeatedly examining him for evidences of past or present syphilitic infection, I found none. The buboes, according to his story, appeared spontaneously while he was tumbling in San Antonio. He denies the presence of any ulcers, venereal or otherwise, upon his penis at that time, and I could find no cicatrix upon the genitals. At about the same time that the inguinal glands commenced to enlarge he noticed a papular eruption upon his hands and upon the penis; this itched moderately, and soon spread to the arms, trunk and legs. The several medical men to whom he applied for aid, before he came under my care, allowed themselves to be deceived by the story of the boy, in regard to the nature of his disease and treated him for syphilis.

The pus from the buboe on the right side had tunneled along three of the courses I have indicated: 1st, across the groin along Poupart's ligament, and down upon the scrotum; 2d, down the thigh to the saphenous opening; 3d, across the upper and inner part of the thigh to the inner margin of the gracilis. On the left the burrowing had extended about an inch and a half along the ileo-scrotal line.

On the 21st of June I operated upon him at the County Hospital, laying open all of the sinuses with a knife, and so sure was I of the absence of syphilitic character in the case, that I scraped out all of the diseased gland tissue and the pyogenic membrane lining the fistulous tracts, having no instrument that would serve as a curette, with my finger nails. During the first three weeks the wounds were dressed with carbolized

lint and iodoform, luted with listerine and asphaltum. The process of healing proceeded slowly, owing partially to the tuberculous constitutional vice present, and partially to the presence of the irritation from the eczematous eruption caused by the scabies. As in the preceding cases, it was only after the total disappearance of the disease of the skin that the suppurating tracts began to heal rapidly. During the third week he had a violent chill, followed by a temp. of 104° F., œdema and redness of the scrotum and a dry, angry look of the wounds. I looked for a general cellulitis of the scrotum and groin, but after three days a new fistulous opening appeared among the granulations in the central cut in the right groin, over the saphenous opening. From this opening a free flow of pus was established, and the fever and the œdema of the scrotum gradually disappeared. Probing and injections showed this new seat of inflammation to be in one of the deep inguinal glands, probably the gland of Rosenmuller, just within the abdominal cavity; and to this it was, for a long time, limited. A drainage tube was introduced into the cavity of the abscess, and various solutions used to inject it. The use of a solution of corrosive sublimate, in the strengths of 1:1000, 1:3000, 1:5000, for this purpose was followed by particularly disastrous consequences, the inflammation increasing and the abscess extending rapidly upward and backward in the iliac fascia, finally seeming to involve the capsule of the hip joint. Good drainage was secured, and the abscess washed out every day with a weak solution of permanganate of potassium, and occasionally a more stimulating injection, such as Tr. Iodine or oil of cade was used. Each time the abscess was injected a small probe, pointed, flexible silk catheter (French) was introduced along the drainage tube to the bottom of the tract, and the antiseptic solution injected through it. By this method I secured a thorough cleansing of the cavity and of the drainage tube, without over distention of the former or removal of the latter. By the use of these local measures, and the administration of tonics and good food, the local and general conditions of the patient have greatly improved. He is now gaining in weight and strength, the discharge is rapidly lessening and the cavity closing. Along with this I have noticed a lessening of the symptoms of the involvement of the capsule of the hip joint, and I do not now despair of a perfect recovery and a useful limb.

The external sinuses healed months ago, soon after the disappearance of the scabetic eczema. In the course of the abdominal abscess, which I have dressed every day for nearly six months, I have had the opportunity of using nearly all the soluble substances possessing anti-septic and astringent properties, as injections: Fld. ext. hyrastine, salycilic acid, boracic acid, carbolic acid, listerine, pinus canadensis, bromo-chloralum, corrosive sublimate, weak solutions of the sulphates of copper and zinc, potassio, tartrate of iron, and the permanganate of potassium. Of these I have found the permanganate and salycilic acid to be the most useful and the most satisfactory.

The principles involved in the history of these three cases, to which I specially desire to direct your attention, are:

1st. The necessity of a better knowledge of dermatology by the general practitioner of medicine, so that he may not make the cruel mistake of treating a case of scabies for syphilis.

2d. The necessity of prompt surgical interference in all cases of lymphatic suppuration, that channeling of pus may be prevented.

3d. That the channeling always proceeds in certain definite directions, not controlled entirely by the anatomical construction of the fascia, and that these directions are always along the different lymphatics of the gland undergoing the process of suppuration.

4th. Sinuses once formed must be converted, if possible, into open wounds in order to insure their prompt healing and disappearance.

5th. Irritative diseases of the skin, such as scabies, may themselves cause lymphatic suppuration of a sub-acute type; certainly always tend to prolong and aggravate suppuration already present in a lymphatic gland; and they must be removed before we can expect a favorable result from the treatment of the suppurating tracts.

6th. That an iliac abscess and arthritis of the hip joint may follow suppurative bubo of the superficial inguinal lymphatics.

The *New York Medical Abstract*, published at 93 Fulton street, New York city, for one dollar per year, is a very useful journal.

SORE THROAT OF PUBLIC SPEAKERS AND SINGERS.

BY JOHN L. DAVIS, A.B., M.D.,

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THE threatened dangers of an approaching winter in less favored States brings to California, with the various classes of our Eastern visitors whose health-stock is below par, a large number who suffer from chronic throat diseases. Hence a brief discussion of the most common form of throat trouble which comes under our observation here will not be inappropriate at this time.

The term *chronic follicular pharyngitis* explains the pathological condition which characterizes this form of disease; certain popular names suggest a factor in its etiology, as "clergy-men's sore throat," the "sore throat of singers," etc.

The *tissue changes* involved in this form of pharyngitis are manifested chiefly in the follicles imbedded in the submucous tissue of the pharynx, though there is usually degeneration to a greater or less extent of the epithelial covering of the mucous tissue existing with the follicular change. This epithelial involvement sometimes is so extensive as to overshadow the condition of the glands; and then the disease constitutes what was called by the older pathologists *hypertrophic pharyngitis*, from the subsequent fibrillation of the new tissue which results in thickening. As a rule, however, the changes in the mucous epithelium and connective tissue are merely incidental; the specific histological features of follicular pharyngitis are found in the glands and their ducts. Robin and Sappey have noted the following *structural changes* in this disease: The tubules are enlarged, both in their lumen and in the thickness of their walls. The follicles are still more hypertrophied and indurated; in some of them are found small calcareous concretions. The intertubular connective tissue is but slightly involved in the inflammatory action, the only change being a very small amount of thickening. The circulation of the parts is usually impaired and the diseased glands are less vascular than normal.

The *diagnosis* is readily made from the symptoms and signs, in connection with the clinical history. The patient describes

his case somewhat as follows: The trouble came on insiduously and the exact date of its beginning cannot be given; at first he noticed a stiffness or uncomfortable dryness in the throat, with probably a tickling, which led to repeated hawking and swallowing of saliva as a relief to the disagreeable sensations in the lower pharyngeal region. After a time the irritation became so great as to cause fits of coughing which were severe enough to produce considerable pain in the throat and soreness in the chest. The sputum, never large in quantity, was white, frothy, and sometimes streaked with blood. The burning and tingling in the fauces necessitated constant though fruitless efforts to clear the throat. This the usual history of these cases.

When the larynx participates in the morbid process, there is always hoarseness and in most cases feebleness of the voice or even absolute aphonia. The laryngeal involvement causes the greatest annoyance and becomes of the most vital importance amongst singers and public speakers; with them the impairment to the voice and the hoarseness and distress which ensue upon using the vocal organs interfere more or less seriously with their vocation. In other cases the process of disease extends upward to the naso-pharyngeal region and into the nares; as a consequence, through the invasion of the eustachian tube, Schneiderian membrane or palatal tissues, there may be loss of hearing, smell or taste. Some of the most obstinate cases of naso-pharyngeal catarrh, attended with impairment of the senses of hearing and smell, result from the extension of the follicular inflammation of the pharynx.

Less frequently the oesophagus and epiglottis become involved, and then there is experienced dysphagia which may be so extreme as to necessitate the use of liquid foods exclusively. Upon the other hand, considerable hypertrophy of the glands may exist, and the various neighboring structures may participate in the pathological condition without causing the patient more than slight annoyance. In my experience the symptom usually complained of first, the one most annoying to patients, is the dryness of the throat and the tendency to hoarseness or loss of voice upon singing or long continued talking.

Upon examining the fauces the cause of the symptoms is apparent. The pharynx is seen to be studded with granulations the size of a millet seed, which are the enlarged follicles. Some

of them are merely slight nodules which rise above the surface; others are larger and they may seemingly blend together, forming ridges on the pharynx. There is usually also congestion of a venous character. The mucous surface may be glazed and dry—constituting the so-called *dry pharyngitis*; or it may be moistened by a mucous secretion which usually contains exfoliated epithelial scales, and sometimes fatty and granular debris. Occasionally the exudation is copious and the accumulated secretion becomes inspissated and dried, forming a tenacious accumulation upon the pharynx.

In the earlier stages of the inflammatory process, the follicles may be seen as bright red spots on the congested surface of the pharynx; later, as the glandulae become filled with secretion, their extension makes them conspicuous, and pressure upon them causes the oozing out of their milky contents.

The conditions in the larynx, naso-pharynx, etc., are best seen with appropriate mirrors under electric illumination.

As to the *cause* of follicular pharyngitis it may be said that two elements usually combine to produce the disease, viz: a predisposing element in the patient which renders him especially vulnerable, and an exciting factor.

Upon careful inquiry it will usually be found that the patient has inherited or acquired certain constitutional conditions which favor the development of the disease—such as a strumous, tuberculous or rheumatic diathesis; a peculiarly delicate state of the mucous tissues as a sequel to various acute diseases; general debility and anaemia, etc.

Of exciting causes the most common is overexertion of the voice; the disease, as its popular names imply, is most frequent among clergymen, singers, lecturers, teachers, and other persons whose profession makes universal demands upon the vocal organs. Aside from this potent cause, the irritation produced by cold or damp air, tobacco smoke, the inhalation of certain vapors of chemicals—all these are prominent factors in the causation of follicular pharyngitis.

The judicious *treatment* of this malady is usually followed by recovery. It involves in the first place the removal of the cause of the irritation, if it be possible. It is not enough to give tonics and local remedies; however faithfully this may be done recovery can not follow if the patient constantly exposes himself to the dangers of the chilling night air, vitiated atmos-

phere, tobacco smoke, sudden changes of temperature, etc. Three cases have recently come under my observation which illustrate the importance of emphatic injunctions with reference to this point; the patients were receiving local treatment regularly and were faithfully taking general tonic medicines besides, but, to my disappointment and chagrin, no improvement could be noted in any case; I was unable to tell where the fault lay until, by thorough quizzing, I discovered that one patient slept by an open window in November; another persisted in smoking; and the third, who had a fine voice, feeling less trouble in the throat, would surreptitiously "sing a little for her friends occasionally" before the throat was well. These cases fully emphasize the necessity of the strictest orders with regard to all hygienic matters.

Most cases of pharyngitis require tonics, a majority of them iron. Any special hereditary taint or acquired tendency will demand its own particular remedies. When the scrofulous or specific diathesis exists, some of the alterant drugs will be needed, especially the preparations of mercury and iodine. I have often found the iodide of iron of great benefit in such cases; sometimes the sulphide of calcium, owing to its influence on tissue-change and assimilation, proves of value; for the same purpose the sulphites and hypophosphites are useful. At all events, alterants of some form, with tonics, will be required in most cases of follicular pharyngitis.

Among local measures essential to successful treatment it is of prime importance, before any topical remedy be applied, to cleanse the pharynx with a brush or soft mop in order to remove the accumulated secretion from the surface. After this the hypertrophied follicles are to be cauterized, best by means of a sharp stick of nitrate of silver. Owing to the severity of the congestion produced by this procedure, it is well to cauterize no more than two or three follicles at one sitting, and allow intervals of one or two days between the sittings. I have sometimes used instead of the caustic pencil a strong solution of the nitrate—40 to 60 grains to the ounce. This too should be applied with great care, in order to avoid touching the healthy tissue around the follicles. Other remedies may be used for the same purpose, such as chloride of zinc, the sulphate of copper, etc.

After the caustic or some strong astringent has been applied,

in some cases the local distress immediately ensuing is so severe as to require local sedatives. For this purpose, where for any reason it is inadvisable to use cocaine, morphine locally will give relief; other sedative drugs are hydrocyanic acid, wild cherry, benzoin, conium, lupulin, hops, etc.; their local influence may best be obtained through the form of sprays directed immediately upon the irritated parts of the pharynx.

During the intervals between the application of the caustic, it is usually advisable for the patient to use some mildly astringent gargle several times daily; or what I prefer, the sprays of weak astringent solutions twice or thrice daily upon the affected tissues. With some patients it is much more convenient and agreeable to give the remedy in the form of a lozenge, which can be carried and taken without annoyance; the most serviceable are those containing chlorate of potash, chloride of ammonium, tannin, cubeb, and those having an anodyne action, as hyoseyannes, conium, *prunus virginiana*, etc.

In conclusion I shall briefly relate three illustrative cases:

1. In September, 1882, H. B. applied to me for treatment of his "sore throat." He was a boy twelve years of age, and his fine alto voice secured him a good position in a surplined choir. After singing considerably for nearly a year, he began to have a tendency to hoarseness; his voice lost in quality and the range was diminished several tones. Upon examination the condition of follicular pharyngitis was discovered. By way of treatment he was absolutely interdicted from singing for two months; he was given constitutional remedies—at first iron, quinine and strychnine; afterwards *hydrastis*, *ergotin* and arsenic.

The follicles were touched with a sixty-grain solution of nitrate of silver, and a few of them which failed to yield to this remedy were treated with chloride of gold—forty grains to the ounce. Gargles containing at various times chlorate of potash, carbolic acid, glycerite of boric acid and of tannin were given. At the end of two months the patient was completely cured, and was able to resume his place in the choir without further interruption.

2. Mr. M., a singer of more than local note, applied to me for throat trouble in December, 1884. He possesses a magnificent bass voice of great depth and richness—I have heard him sing double B flat in concert—and naturally his musical engage-

ments are very numerous. As a result of overwork of his vocal organs, the follicular pharyngitis was extreme and the sub-mucous tissue of the pharynx was considerably hypertrophied and congested. Vocal rest was enjoined, and a general tonic course of treatment was instituted. Locally silver was applied, but only a portion of the glands yielded to this remedy, and it was replaced by sharpened crystals of sulphate of copper; these were pushed into the follicles and allowed to remain in contact for a minute or two in order to cause marked inflammation. The application of the copper was satisfactory in a great measure, though some of the follicles remained apparently unaffected by this remedy. The glycerite of boric acid was used as a gargle; this was afterward replaced by tablets of cubebs and tannin.

After six weeks the patient declared himself well and declined the concluding treatment, which I hoped would remove all pathological appearances in the pharynx within two or three weeks more. He was under my observation for a year afterward and complained of no throat trouble at all, and his voice appeared to be as good as ever.

3. An attorney, whose professional and political duties made excessive demands on his voice, came to me last September (1886) and said he was becoming hoarse on slight exertion of the voice, and felt constantly a burning, uncomfortable sensation in the throat. At the same time he was unwilling to stop public speaking during the political campaign. Under such circumstances very little could be expected from treatment. Internally hydrastin was given for its action upon the mucous surface, and ergotin with a view to contracting the congested capillaries of the pharyngeal surface; arsenic and the iodide of iron were chosen as alterant tonics. The mucous covering of the pharynx was brushed every alternate evening with a thirty-grain solution of nitrate of silver. (At times the glycerite of tannin was used instead of this remedy.) Demulcent and sedative tablets were used constantly for their local action. Within ten days the throat trouble was much improved, but recovery was delayed until the gentleman was able to take the requisite rest for the vocal organs; but it was complete, and no further throat trouble is now experienced.

247 Fort street, Dec. 20, 1886.

HISTORY OF THE GRAVES CASE.

BY G. W. GRAVES, M. D., PETALUMA, CAL.

I TREATED Dennis Winters and his family fourteen years without the hope of reward or the fear of punishment. I got no reward, but did get the punishment.

On the 16th of April, 1884, Mrs. Winters sustained a very bad injury of the ankle joint. She fell several feet, alighted on the side of her foot, rotated the astragalus out of the socket formed by the tibia and malleoli, and lacerated the internal tibia-tarsel ligaments and other soft parts around the joint.

The internal lateral ligament was torn and drawn up over the malleolus internus, but (almost strange to say) there were no bones broken. The swelling and pain were very great. I treated her very attentively for several months, paid for all the remedies used, got as good a result as possible, and then put her on crutches to prevent ankylosis by exercising the joint.

I congratulated myself on having very good success, and considered myself paid by the *extreme gratitude* expressed by the patient. I only enjoyed this feeling for a few months, when Dr. George Ivancovich (a new-comer here from Grass valley) told the woman (as he testified in court) that she had not been treated properly.

When I was sued by Winters and wife for fourteen thousand dollars damages, he testified in court that he told her the tibia had been fractured an inch and a half above the ankle joint, that the ends of the bone had overlapped, and that a false joint had been formed; that it "is a bad job and has been badly treated." He also testified that he had assisted her attorney in the case whenever he had been asked to do so, and told the jury that I did wrong in giving her opiates without first consulting another physician. He exhibited the limb to the jury, and measured it with a large iron square such as carpenters use in their roughest work, and by this square showed the jury that the foot did not set square on the leg. (The joint could be moved properly.)

Dr. W. R. Wells of Petaluma testified that he had practiced nearly sixty years, that he had examined the limb by request of her attorneys, that the tibia had been fractured an inch or three-quarters above the joint, that the ends had passed by each other, that there was a ligamentous union, and that the limb

was crooked, distorted, and an inch too short, but that the fibula had not been fractured or dislocated. He also measured and tried it by the iron square. At the first trial I had the testimony of Doctors L. C. Lane, Patty, Proctor, Finlaw and R. P. Smith, and the depositions of Doctors R. A. McLean, Morse, Leonard and Philser (who examined the limb in the city). They said the tibia had not been fractured, and that from all appearances the case had been treated properly, with as good result as it was possible to get from the nature of the wound. The case was very well argued, and the judge gave a fair charge to the jury, but in an hour nine of the jury rendered a verdict of eight thousand dollars damages for Dennis Winters and wife. Three of the best men on the jury protested against the verdict, and the people were very indignant and open in their censure of the jury, but I was now badly *in*, and I will show you the work it takes to get *out*.

From the commencement of the suit they offered inducements for me to buy them off, and after they got the verdict their offers came fast, for they saw from the indignation of the people that their verdict was in danger. None of their offers were entertained for a moment.

I immediately instructed my attorneys to make all the resistance possible, and when I reached home my spirited wife met me with our children, and said, "let us spend the last dollar we are worth, if it requires it, to resist this outrage and protect your reputation." She well knew that I had done much faithful practice for that family, and that it was done gratuitously.

Dr. L. C. Lane, who had testified in the case, and knew that I had treated the case properly, and that the woman could walk if she would, telegraphed me the next day to come to the city, which I did, and in his library that night with an attorney our mode of resistance was organized. Through his leadership, and that of Dr. R. A. McLean, who nobly seconded him, Drs. W. E. Taylor, Simpson, Murphy, Morse, and others, got the profession aroused, and other attorneys were employed to assist those I had already in the case.

Our motion for a rehearing was argued on both sides with much warmth and feeling, but was granted us by Judge Temple (now of the Supreme Court), and after seven months we had a new trial. At the second trial Doctors Ivancovich and Wells again gave testimony for the plaintiffs, who also intro-

duced some deposition given by five San Francisco doctors, who seemed anxious to make me pay damages. Their names are Pescèa, Stivers, Sharkey, Montgomery, and Wright a homeopath.

To offset their witnesses I testified that the tibia had never been fractured, that she had sustained a very bad wound of the joint, which I described. I also gave my treatment minutely, and claimed that I had gotten as good result as it was possible to get, and that the woman could walk well and had walked—I had seen her walk.

My testimony was fully sustained and my management of the case indorsed from the witness stand by Doctors L. C. Lane, W. E. Taylor, R. A. McLean, James Murphy, F. B. Kane and C. F. Philson of San Francisco, Dr. W. S. Thorne of San Jose, Dr. E. H. Woolsey of Ashland, Drs. Patty and Proctor of Petaluma, Drs. Finlen, Smith, Stuart and Boyce of Santa Rosa, Drs. Stone and Swisher of Healdsburg, and Dr. Hackett of Bodega.

During the trial the physicians of Santa Rosa gave me and my distinguished expert witnesses a very fine and enjoyable banquet at the Grand Hotel in their city. President Thorne of the State Medical Society presided. The judge and attorneys on each side and the medical men on my side were invited. Such encouraging compliments to one who is being persecuted are fully appreciated, but can never be fully repaid. This jury could not agree, and was discharged by Judge Van R. Patterson (now of the Supreme Court). Some of the jurymen who opposed awarding any damages say there were two reasons given by those who wanted damages awarded; one was that as it was proven that it was purely *charity* practice, she probably did not get the same attention that a pay-patient would have received. The other wing of the damage-awarding men said that the fact of my having among my witnesses seven of the most distinguished surgeons in this State to sustain my treatment, was evidence to them that there was a *corporation of doctors*, and they intended to "cinch" corporations whenever they could.

At the third trial Ivancovich and Wells were present, and so was their large iron square, but it was not permitted to be used this time. Ivancovich stuck to his first testimony at every trial. At the second trial Wells testified that the improvement

had been so great since he last examined it seven months before, that the union was a long one and the deformity very slight, and that he might be mistaken as to there ever having been a fracture; but at this third trial he again discovered the fracture, false joint, shortnees, crookedness and distortion of the limb. His favorable testimony given at the second trial was read to him by my attorney, Dr. E. R. Taylor, and had its effect on the jury.

The plaintiff did not get any medical witnesses to testify to deformities except those two, but they again read the depositions of the *San Francisco five*.

In addition to my medical witnesses who came again to this trial, I had twelve good, honest men and women, who testified that they had seen the patient walk well without a crutch or other assistance, though she had just testified that she could not walk, and she hobbled terribly in the court-room with a crutch and a grown daughter on each side to assist her.

With all this mass of testimony, given by just twenty-eight doctors at the different trials, and her neighbors who had seen her walk (one lady had seen her run quite a distance), I managed to get a verdict from a jury of my "peers," and was very glad to pay the two hundred and forty-eight dollars to the jury and reporter, though I will not get a cent of that cost, and other costs back, as the law does not require them to give any security in a malpractice suit, and they impoverished themselves in prosecuting it. They had a homestead before they brought the suit.

I trust that this case which has cost me so much loss and worry, and has impoverished the poor family that brought it through bad advice, and has certainly resulted in no benefit to the instigators of it, will serve as a warning.

Judge J. G. Pressley, who presided at the last trial, denied their motion for a new trial, on the 22d of June, 1886.

The new Register of physicians of California will be issued before this PRACTITIONER reaches its subscribers. Dr. R. H. Plummer, the Secretary of the State Board of Examiners deserves the thanks of every physician off the Pacific Coast for the unflinching zeal he displays in this important work.

SELECTED.

SOCIETY NOTES FROM "THE OBSTETRIC GAZETTE."

[DECEMBER, 1886.]

OVARIAN TUMORS IN NEGROES.

Dr. W. T. Howard of Baltimore said that in the negro race ovarian tumors of any kind are exceedingly rare, and solid ovarian tumors in any race excessively rare, while in negroes solid uterine fibroids are as excessively frequent.

TAIT'S OPERATION IN HYSTERO-EPILEPSY.

In one bad case of hystero-epilepsy Dr. Howard had a very fortunate result from removing the uterine appendages. Miss J. H., aged 23, came under Dr. Howard's care in December, 1882. At every menstrual epoch, she would lie across the bed with her feet elevated as high as possible on the wall in a state of profound coma, often attacked by violent convulsions, for from seven to ten days. Curiously enough, blood issued around the umbilicus, and she would often spit out blood from the mouth, which was evidently not coughed up nor vomited. After trying in vain all means known to him, including dilatation of the anterior flexed uterus, Dr. Howard operated November 19, 1883, and, as stated, effected a perfect cure. She is now a married woman in excellent health. In this case the ovaries were obviously much diseased.

CÆSARIAN SECTION.

R. J. Kinkead, M. D., Dublin, said that the real risks result from uterine incision, and no one can read the histories of Cæsarrian cases without being struck by the very eminent peril from this source. But are we powerless to deal with this danger? Are we unable to reduce it to a minimum? The plan of constricting the cervix uteri by a wire or elastic ligature prior to making the incision for extracting the child was, I believe, first suggested by Litzmann of Kiel, and was probably taken from Porro's method. A decided improvement on this plan was carried into effect by Dr. Anna Broomall. The case is reported in the *Medical Times and Gazette* of November 3, 1883. It consisted in turning the uterus out of the abdomen, and grasping the cervix with the hand. Although the placental

site was cut through, not a drachm of blood was lost from the uterine incision. Therefore, by means of compression of the cervix with either a wire, an Esmarch's tube, an elastic band or the hand, we can perfectly control the circulation and prevent hemorrhage. But we cannot with certainty calculate on such a contractile condition. Trusting to contraction absolutely or effectively to control hemorrhage, is placing reliance on a chance. Security can only be obtained by satisfactorily suturing the uterine incision. Keeping the edges of the uterine incision in apposition, and so promoting their rapid union, not only prevents bleeding, but guards against the other dangers of septicaemia, peritonitis, and incarceration of intestines.

CRANIOTOMY.

Dr. Lusk (New York) believed that under $2\frac{3}{4}$ inches, namely, below the limit where premature labor and version were available, modern methods of Cæsarean section were preferable to craniotomy.

Dr. Wilson (Baltimore) said that in a large obstetric practice of thirty-six years, he had not performed one craniotomy in the last thirty years.

Dr. More Madden (Dublin) said that in a long obstetric experience in hospital and private practice, and as an obstetric teacher, he had not himself been able to recognize the necessity of craniotomy, and he had never resorted to nor countenanced it.

Dr. M. Cameron's (Glasgow) opinion was that the question was obstetrics *versus* surgery, and would not trust the opinion of any surgeon he knew as to whether a case was one requiring any instrumental aid whatever. Surgeons boasted that they had never attended a midwifery case except, perhaps, their own birth. Under such circumstances they were not the persons to decide when the case was one for forceps.

Mr. Hough (Cambridge) said that after a large practice of midwifery of over forty years he had only met with one case in which it was necessary to perform craniotomy, and that was about forty-two years ago, under the advice of the late Dr. F. Ramsbotham.

Mr. C. J. Wright (Leeds) named three cases of Cæsarean section in which he assisted. The mothers died, but all three children were saved.

HYSTERORRAPHY.

Dr. Howard A. Kelly of Philadelphia read a paper upon a new operation, which he called hysterorraphy, or the suspension by sutures of a viciously posed uterus: that is, an organ prolapsed or retroflexed which it is impossible to relieve by any line of treatment applied *per vaginam*. Silk sutures were passed through the left horn of the uterus and the body suspended from the anterior abdominal wall about one and a half inches above the pubis, to the left of the incision. The suspensory sutures were passed between two ligatures encircling the horn and the base of the pedicle, to avoid the dangers of tearing out and of bleeding. The operation has been devised and performed independently by a number of prominent gynecologists in various parts of the world, among whom are Koeberle, Bardenheuer of Cologne, Hennig, Leipsig, Czerny of Heidelberg, a surgeon in the north of Italy, and Lawson Tait, probably Keith, and two cases not published which Dr. Sanger of Leipsig kindly gave the writer during the past summer.

He considers the operation established in those cases which, after removal of the appendages, the flexed organ fails to remain upright when lifted into position.

HYDRAMNIOS.

Dr. John Phillips of London said that the following three views were at present held on the etiology of hydramnios:

1. That the amniotic fluid is a product of foetal origin (Sallinger).
2. That it is a product of the maternal organism (Ahlfeld Seanzoni, Schroeder).
3. That it is a common product of maternal and foetal origin (Virchow).

Dr. Routh pointed out that hydramnios usually occurred about the fifth month, and hence could not be due to renal secretions.

[Note—We are glad to add the *Obstetric Gazette* to our exchange list. It is a monthly, published by J. C. Culberston, M. D., Cincinnati, Ohio. Price \$3.00 per year.]

Dr. F. M. Johnson, 409 East Ninth street, Kansas City, Missouri, is Chairman of the Section in Obstetrics of the American Medical Association.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

THE DIME NOVEL AND ITS FRUITAGE.

THE field of medicine is broader than the mere administration of drugs for the bodily ailments of mankind. Nothing which pertains to either the bodily, the mental, and one almost might say the spiritual, welfare of humanity is foreign to its field. It is in this broader view of medicine that even the dime novel and all its brood of cheap horrors becomes a legitimate subject for medical investigation.

Probably next to the grog shop, the class of literature known under the general designation of the dime novel ranks as one of the most fruitful sources of harm in the structure of our modern civilization. It is not simply the tales of the Black Flag or the Red Rover of the Border type that do the harm. These with their crudely pictured scenes of blood turn the immature heads of schoolboys, but the sober realities of after life, and that blessing in disguise, the necessity of labor, soon in the majority of cases undo the harm, and the would-be bloody pirate of the Spanish main, or the day-dreaming hero of many a border fray, quietly takes up the culture of the peaceful potato or learns to wield the pen in the counting-house instead of the bowie knife or the revolver. It is not here that the greatest harm comes. The very crudity and unreality of the scenes pictured work the cure. It is like the over-dose of crude poison which the stomach rejects before the system has absorbed sufficient to work a deadly harm.

There is a class of literature, however, if indeed it is deserving of the title, which is of a more insidious and dangerous type. It deals in no horrors of the sea or of the frontier. It pictures no scenes of brute force or of violence. It takes as its topic the varied phases of society life. The outline of the picture may have in the main a certain degree of trueness, and in this lies the danger. It is so like. Yet all the while the coloring is untrue, vice is skillfully made to assume the garb of virtue. Lines of morality are obliterated. False views of life, of its possibilities, of its responsibilities, are set forth. Duty, the duty which makes martyrs of men—right because it is right—honor for honor's sake—these things which make life strong, self-sustaining, noble, do not enter into it. It is a literature which makes discontented men, discontented because the picture and the reality are ever at variance, because the ashes are all the while within the tinted rind of the apple of Sodom. It is a literature which makes weak men, weak because there no longer remains a clear pathway of life and men wander aimlessly.

Below this is another type of literature where neither outline nor color is true. It is not necessarily gross. It simply is untrue. In it evil becomes good, and good becomes evil. The view of life is warped, distorted, pessimistic. It makes bad men. Of such is much of the literature of communism, of socialism.

A still lower type is the prurient, the debased, the obscene. In it and of it is much of the so-called realistic school. It is of the earth earthy. It is humanity with eyes bent persistently downward, digging in and gloating over its own filth. This type makes vile men. It is the old fable of Circe and her swine over again.

What has all this to do with medicine? Much—in that higher sense wherein medicine is something more than a science of drug-giving—is a science of man and his well-being. It is these unreal views of life and its duties, and the disappointments which grow out of them, which lie back of much of the mental disease which as physicians we are called upon to treat and which people our asylums. It is this debased and debasing literature which is the cause of much of the immorality and its resultant diseases with which we as physicians have daily to deal.

As physicians we hold it to be our duty to so teach sanitary laws that disease may be prevented. As physicians shall we not also deal with that which is a cause of mental and moral disease in the community? Wherein and in what manner does our duty in the matter of the epidemic cholera bacillus or the yellow fever microbe differ from our duty toward the endemic poison of a debased and prurient literature? Shall we be sanitarians of the body, but not of the mind and the soul? It would be but a low and unsatisfying view to take of medicine. Brethren, in that broader day which is coming to medical science shall we not speak of the disease germ of a bad book, the poison microbe of an impure thought? Then shall we indeed be healers of men.

NEW YORK EDITORIAL CORRESPONDENCE.

LAPAROTOMIES BY DRs. POLK, T. GAILLARD THOMAS AND F. F. CHAMBERS.

THE woman he was to operate on had a tumor midway between umbilicus and sternum. Prof. Polk said tumors in this location were usually malignant.

He believed this tumor was in the omentum. Said it was not in the stomach, because there was no pain or vomiting.

Spoke of the great dangers of laparotomy. Should make more careful preparations for this than for any other operation.

He tied a large apron around his ample form, rolled up his sleeves, and then began to scour and scrape his finger nails. He devoted over ten minutes to this work. Then had the woman's abdomen scoured, after which her pubes were shaved, for the edification of the class. I could not see the necessity of shaving the pubes, when the incision was above the umbilicus.

It was over half an hour after the woman was anesthetized before he began to use the knife. This time was spent in lecturing the class and scouring finger nails.

Made an incision two inches long above umbilicus. Considerable ascetic fluid escaped. He introduced finger into the peritoneal cavity, and found tumor connected with stomach. Sewed up abdominal wound.

T. GAILLARD THOMAS, speaking of diagnosis, said: Bearing down pain means a weight in pelvis that prompts pelvic viscera to get rid of it. Sometimes a kidney gets down back of the uterus, and the surgeon thinks he has an ovarian tumor. Press on tumor, and if patient experiences a sickening pain he will know the tumor to be a prolapsed kidney.

Many think an ovarian tumor solid, but, if small, no human being can tell whether it is solid or not. A diagnosis is the most logical deduction you can give, from a careful weighing of physical and rational signs.

In a case where Professor Thomas detected a tumor behind the uterus, he said he believed it was ovarian. It might possibly be a prolapsed kidney, or it might be a fibroid with pedicle. No matter whether it is ovarian, renal or fibroid, it ought to be taken out.

He said the speculum was a poor help in diagnosis in gynecology. If he were forced to cast aside one step in diagnosing diseases of women, he would throw aside the speculum. If you suspect gestation, watch your patient five or ten minutes, with your hands on abdomen. If there is a child, you will feel the tap through the abdominal wall of a moving foetus. If abdomen is distended by air, will get same sound as in distended bowels. Exclude ascites, by finding whether the intestines float on the surface when patient is in recumbent position. Exclude fibrous tumor by finding whether resistance on percussion is about like resistance over thigh. If any ovarian cyst, you will find fluid about like flaxseed tea. Majority of women, he said (quoting Simpson), with ovarian tumors die, if

not operated upon within three years from time physician is able to make a diagnosis.

Begin every laparotomy as an exploratory incision.

Said he was preparing a paper on ascites. Has operated on six cases where he found and removed a little tumor, and the result was a cure, there being no more dropsy.

At Woman's Hospital, a patient, aet. 50, suffering from ascites, Dr. Thomas was called away, and Dr. P. F. Chambers performed laparotomy. This was the only time while in New York that I noticed the spray used. An incision, between umbilicus and pubes, $4\frac{1}{2}$ inches long was made. There was a great deal of adipose tissue, which had embarrassed all efforts at diagnosis. On exploring the peritoneal cavity with hand, Dr. Chambers found malignant disease so extensive that he abandoned further operation. After suturing the abdominal wound, it was covered with collodion. The collodion was covered with iodoform, and the abdomen was thus antiseptically, hermetically sealed. Iodoform gauze was then spread over the abdomen.

WALTER LINDLEY.

CORRESPONDENCE.

RECENT MEDICAL LICENTIATES.

AT the regular meeting of the Board of Examiners, held December 1, 1886, the following physicians were granted certificates to practice medicine and surgery in this State:

Richard H. Ashby, San Francisco, Cooper Medical College, California, November 9, 1886.

Mary E. Bennett, San Francisco, Cooper Medical College, California, November 9, 1886.

Samuel A. Bookwalter, Visalia, Louisville Medical College, Kentucky, February 28, 1873.

Frank D. Buttolph, Duarte, Long Island College Hospital, New York, June 27, 1878.

James N. Camp, San Francisco, Cooper Medical College, California, November 9, 1886.

William Chapman, San Francisco, Cooper Medical College, California, November 9, 1886.

William Craig, Yountville, Medical Department of the University of Pennsylvania, Penn., March 14, 1871.

Arthur Du Milien, Colfax, Cooper Medical College, California, November 9, 1886.

Henry A. Evans, Bakersfield, Queen's University of Kingston, Ontario, April 1, 1878.

Mary D. Fletcher, San Francisco, Cooper Medical College, California, November 9, 1886.

Frank E. Gallison, Coulterville, College of Physicians and Surgeons of Chicago, Illinois, February 23, 1886.

David Gochenaour, San Diego, Medical Department of the University of Pennsylvania, Penn., March 13, 1868.

William D. Green, Los Angeles, Victoria University, Canada, May 12, 1886.

Krikor A. Hagopyran, San Francisco, Medical Department of the University of the City of New York, N. Y., March 13, 1883.

Samuel M. Hamilton, Colton, Jefferson Medical College, Pennsylvania, March 8, 1855.

William J. Holman, Pasadena, Medical Department of the State University of Iowa, Iowa, March 1, 1876.

Joseph N. Johnston, San Francisco, Cooper Medical College, California, November 9, 1886.

Benjamin F. Kierulff, Los Angeles, Rush Medical College, Illinois, January 25, 1867.

Charles E. Kuster, Los Angeles, Rush Medical College, Illinois, January 25, 1867.

William G. B. Lewis, El Cajon, Miami Medical College, Ohio, February 28, 1873.

William L. McAllister, Pasadena, Indiana Medical College, Indiana, February 28, 1873, and Medical College of Indiana, Ind., February 28, 1879.

William J. McCuaig, San Francisco (Duplicate), Medical Department of McGill University, Canada, March 29, 1886.

Albert B. McKee, Sacramento, Cooper Medical College, California, November 9, 1886.

Frederick C. McVean, Santa Cruz, St. Louis Medical College, Missouri, March 6, 1885.

William N. Moore, Round Valley, Indian Reservation, Louisville Medical College, Kentucky, February 26, 1885.

Charles J. Mullen, Los Angeles, Missouri Medical College, Missouri, March 11, 1874.

Eli F. Osborn, Gilroy, College of Physicians and Surgeons, of Keokuk, Iowa, February 17, 1859.

John W. Root, Beaumont, Medical Department of the University of the City of New York, N. Y., March 9, 1882.

Max Salomon, San Francisco, Cooper Medical College, California, November 9, 1886.

Thomas W. Shaw, Los Angeles, Bellevue Hospital Medical College, New York, March 1, 1871.

Silas T. Trowbridge, San Francisco, Rush Medical College, Illinois, February 20, 1851.

Leverett Sweany, San Francisco, Medical College of Indiana, Ind., March 3, 1881.

John L. Siefkes, Lodi, Cooper Medical College, California, November 9, 1886.

John J. Tully, Sierra City, Cooper Medical College, California, November 9, 1886.

Franklin O. Boyce, Santa Rosa, Long Island College Hospital, New York, June 3, 1875.

At a special meeting of the Board, held December 8, 1886, the following additional certificates were granted:

J. D. Blair, Independence, The University of Glasgow, Scotland, April 20, 1839.

Ernest S. Brown, San Francisco, Medical Department of the University of California, Cal., December 3, 1886.

John B. Laidler, Folsom, Medical Department of the University of Georgia, Georgia., March 1, 1885.

Benjamin A. Plant, San Francisco, Medical Department of the University of California, Cal., December 3, 1886.

Allen P. Poaps, Los Angeles, Minnesota Hospital College, Minnesota, February 10, 1885.

William H. Porter, Santa Cruz, College of Medicine and Surgery of the University of Michigan, Michigan, March 26, 1873.

Julius Soboslay, San Francisco, Medical Department of the University of California, Cal., December 3, 1886.

Cornelius C. Vanderbeck, San Francisco, Jefferson Medical College, Pennsylvania, March 9, 1872.

Kemlo R. McD. Wilson, San Francisco, Medical Department of the University of California, Cal., December 3, 1886.

Hiram R. Kelly, Pasadena, Starling Medical College, Ohio, February 28, 1865.

Louis N. Hilleary, Poway, Medical Department of the University of the City of New York, N. Y., March 13, 1880.

Thomas H. Goodsir, Garberville, Royal College of Surgeons, England, ——— 1863.

David Mack, Scenega, Harvard Medical College, Massachusetts, July 15, 1863.

The application of R. E. Foley of Janesville was rejected, on the ground of insufficient credentials.

The new edition of the Medical Register is now in the hands of the printer, and we hope to have it ready for distribution early in February.

The certificates of membership in the State Medical Society have been promised to us early in February, when they too will be ready for distribution.

R. H. PLUMMER, Sec'y.

TRANSLATIONS.

TRANSLATED FOR SOUTHERN CALIFORNIA PRACTITIONER.

Extirpation of a Chondroma of the Pelvis and ligation of the common iliac artery and vein. Recovery.—Dr. Von Bergmann calls attention to the fact that Weber was the first to recognize the importance of embolism in the development of metastatic cartilaginous tumors. Further on he shows the constancy of the seat of these tumors, their relation with the cartilaginous exostosis and with the pelvic osteomata and their combinations with myxoms and sarcoms of the same matrix, which have perhaps been derived from some fatal transplantation and aberration.

After this brief introduction Von Bergmann then relates a case upon which he operated for a pelvic chondroma near the sacro-iliac symphysis. The patient, a girl eleven years old, was apparently of good health, and was not aware of the existence of a tumor in her pelvis. The examination of the patient, performed during the narcosis per rectum (bimanual), revealed a tumor as large as a man's fist, hard, and with very nodular surface. It was scarcely movable, globular in shape, and entirely surrounded by adhering intestines, and its pedicle situated at the posterior wall of the inlet to the pelvis, but it

was impossible to diagnose its relation with the larger blood vessels.

A second examination, which was made two months later, showed an increase of the tumor in size; otherwise the child was healthy, but upon the desire of her parents to remove the tumor, the difficult operation was performed. To avoid all interference with the peritoneum, Piragoff's incision for ligation of the common iliac artery was adopted. To this end, the muscles and fascia were strictly separated, layer after layer, according to their anatomical relations, and then the whole tumor exposed by gently detaching the peritoneum with the fingers from the tumor. In the attempt to enucleate the mass, Von Bergmann ruptured both artery and vein and therefore at once ligated the common, the external and the internal iliac arteries, and also the veins. After this, the tumor was easily isolated and, by means of the chisel, separated from the linea arcuata interna. Ureter and crural nerve were not visible. After thorough disinfection of the wound with iodoform ether and insertion of the drainage tube, the wound was closed by internal and external sutures. In the left leg, which was very cold, were well-pronounced symptoms of motor paralysis, partial anæsthesia, with pain in toes, foot and calf, which symptoms began to improve rapidly after four days, and after several months, this leg was about as useful as ever. The wound did not heal entirely per prim intent, and it is possible that such was prevented by the infiltration of the dressing with urine.—*Deutsch Med. Wochschoft.*, No. 42 and 43.

Three Interesting Cases of Herniotomies. (V. Nussbaum.)—

Case 1. A man aged 36, with congenital inguinal hernia. The sac contained, besides part of the colon ascendens with the vermiform process, a large amount of fluid, hydrocele. The colon was densely studded with a fatty, degenerated append. epipl., and formed with the same a mass of the size of a child's head. This mass could only be replaced, after a large incision of 9-10 centimeters (4 inches), and removal of a great amount of those fatty deposits from the colon. The first day after the operation a great deal of vomiting took place, after which the patient did well. Ten days later the bowels moved naturally.

Case 2. A woman, aged 42, with rupture of the lin. alb. and inguinal hernia. In this case the protruding mass could be

pressed from one aperture toward and through the other. Here the opening in the lin. alb. was first excluded by sutures, and then the inguinal hernia was laid bare, the contents as much as possible reduced, the hernial sac detached, closed up by sutures at the neck, and the rest extirpated. Recovery after a short time.

Case 3. Incarcerated inguinal hernia. It was largely distended, and reduced after an incision 10 centimeters long. The course of this case was complicated by the formation of a pelvic abscess, which was opened above the symph. pub. Recovery.

SPECIALS.

DR. MARTIN HAGAN was recently appointed Health Officer of the city of Los Angeles. Dr. Hagan was born in Ohio in 1835, graduated at the Starling Medical College, Columbus, Ohio, in 1859, and eight years later took an *ad eundem* at the College of Physicians and Surgeons, New York. The doctor was an eminent practitioner in St. Paul, Minnesota, and afterward in the Hawaiian Islands. He is a man of wealth and will throw all the enthusiasm of a philanthropist into the important work he now has in hand. The trouble heretofore has been that the position of Health Officer, ever since it has been created in Los Angeles, has been held by professional men of limited finances who have been obliged, in order to get a decent income, to do some private practice, thus neglecting the city's business.

We direct special attention to the paper on Santa Barbara's climate, by Dr. C. B. Bates, in the January number of the SOUTHERN CALIFORNIA PRACTITIONER, and to the article in the current number on Colton as a Health Resort, by Dr. G. L. Hutchinson. They are conservative, carefully prepared articles. Dr. Bates has been in Santa Barbara many years. Dr. Hutchinson was ordered to Colton a few years since by his attending physician, the well-known specialist, Dr. B. F. Westbrook, 174 Clinton street, Brooklyn, N. Y.

The *Pacific Record of Medicine and Pharmacy*, edited by Chas. W. Moore, M. D., Third and Market streets, San Francisco, is a very valuable addition to our current periodical literature. It is part Spanish and part English. Price \$2 per year.

Dr. J. P. Widney spent the holidays in Santa Clara.

Indigestion was sent into the world to read a lecture to the stomach.—*Victor Hugo*.

Dr. H. S. Orme, President of the State Board of Health, attended the session of the Board at Sacramento last month.

Dr. G. W. Lasher's numerous friends will be glad to know that he is convalescing. His address is Germantown, New York.

Dr. C. T. Widney, of Fulton Wells, who has been very ill at the residence of his cousin, Dr. J. P. Widney, in this city, is, we are happy to say, convalescing.

Dr. T. C. Stockton, of San Diego, recently called on the PRACTITIONER. The Doctor and his accomplished wife were in Los Angeles for the purpose of listening to Adelina Patti.

The Los Angeles Electric Street Railway has been working successfully for several weeks. A man feels like raising his hat as the car goes gliding swiftly and silently by without any apparent motive power.

N. H. Morrisson, M. D., late of McPherson, Kansas, paid the PRACTITIONER a pleasant visit last month. The doctor has come to Los Angeles to locate, and we are confident that he will prove a creditable acquisition to our profession.

The March number of the SOUTHERN CALIFORNIA PRACTITIONER, besides containing its leading article on climate, will contain original articles of great interest to surgeons by Dr. R. E. Goodfellow, of Tombstone, Arizona, and Prof. J. McF. Gaston, of Atlanta, Georgia.

We met Dr. Bicknell at Monrovia last month. We agreed that Monrovia presented many peculiar advantages for invalids. It is fifteen miles from Los Angeles, right up against the mountains, where fogs are rare. The elevation is one thousand feet. There are excellent hotels and beautiful drives.

The *Pittsburgh Medical Review*, a monthly journal of medicine and surgery; Vol. 1, No. 1; subscription \$1 per year. It is edited and published by Doctors X. O. Werder, Chas. S. Shaw, J. J. Buchanan, T. L. Hazzard, Adolph Koenig, P. McGough and J. J. Green. "Primarily, this publication will represent the medical interests of this city and vicinity." We welcome this bright, aggressive journal to our exchange list.

In 1817 Dupuytren and Recamier quarreled in the theater of the School of Medicine and were going to fight about the divinity of the Savior.—*Victor Hugo*.

The "*Sacramento Medical Times*" is the name adopted for a monthly that will begin publication the first of March. Drs. Wallace A. Briggs, Wm. Ellerz Briggs, T. W. Huntington and G. C. Simmons will have charge of departments. This means new literature, new developments, progress, and is in every way commendable.

BOOK REVIEWS.

PUERPERAL CONVALESCENCE, AND THE DISEASES OF THE PUERPERAL PERIOD. By JOSEPH KUCHER, M.D. New York: J. H. Vail & Co. 1886. Pages 309.

The author gives a key to his work, when he says: "I think a sign with the legend, 'Look out for infectious matter!' should always be before the mental eyes of an obstetrician."

"Every palpable thing which comes in contact with the lesions in the genital regions can be the carrier of infection."

"Long finger nails are as useful for an obstetrician as sand in the shoes."

He advises, thorough external manipulation over uterus, to prevent postpartum hemorrhage, and that the physician remain at least a half hour after the close of the first stage. He speaks of the fact that the pulse is usually slower than normal after childbirth in healthy women, and says this retardation is due to the reduction in blood pressure and arterial tension.

He says, if you want to know the temperature of the vagina, add 1 to $1\frac{1}{2}^{\circ}$ to the temperature of the axilla.

"Friction of the uterus, firm pressure of the fundus uteri, hot vaginal injections and administration of ergot are the best means to bring on firm contraction of the uterus."

"Childbed requires no stimulants."

"After the tenth day the patient can get up—if convalescence has been satisfactory."

"During the first six weeks she should avoid great exertion." He wisely advises putting the child to the breast before giving it anything else.

"There are no reliable galactagogues but a well-regulated

diet and hygienic measures." Speaks of beer-drinking by the mothers often causing intestinal disturbances in the babies.

"It is a bad habit to let the child fall asleep with the nipple in its mouth."

Menstruation during lactation is no contra-indication to nursing. He maintains that gathered breasts—*mastitis*—are due always to septic poisoning, and makes the sweeping and, we believe, untenable assertion, that "In all cases of mastitis sore-nipples have either preceded or are associated with the inflammation."

Speaking of the treatment of mastitis, he says: "All manipulation, as friction, rubbing, repeated nursing, emptying the breast by pumps, etc., are not only useless but positively injurious." He recommends application of ice-bag, but says: "Equalized, methodical pressure with circles of adhesive plaster is usually more effective than any other treatment."

In controlling post partum hemorrhage, he says: "I would rather give up every drug of the Pharmacopacia than cease external manipulation." In addition, he recommends injection of water, wine-colored with liquor ferri.

In collapse from post partum hemorrhage, he recommends bandaging the extremities with elastic bandages, thus driving the blood to the body (auto-transfusion).

He recommends, for albuminuria during pregnancy, immersing the woman in hot bath for half hour every day or two. He believes the eclampsia is due to some change, by which the passage of the urine through the ureters was impeded.

"Hot baths, morphia hypodermically and chloral hydrate per rectum are far preferable in treating puerperal eclampsia to chloroform."

"Septic infection is the one cause of puerperal fever." This chapter on puerperal fever is the most important one in the book, and every general practitioner who graduated over five years ago should read it. Anti-septic prophylaxis and anti-septic treatment is the tenor of the whole chapter. No infection; no puerperal fever. He says the Vienna Lying-In Hospital is enclosed on two sides by wards of the general hospital, in which wards all varieties of zymotic diseases are treated. To the rear, and almost contiguous, is a large military hospital; in front is a row of cesspools of an immense barracks,

the stinking emanations from which can often be detected by smell in rooms of the lying-in hospital. Under the lying-in hospital runs a large sewer, in parts of which its contents must overcome gravity and travel up-hill, and the site of this lying-in hospital was formerly a cemetery. Over nine thousand women are confined here annually.

The mortality here was formerly over ten per cent., but since antiseptic obstetrics was introduced it has been less than one per cent.

Some of the older practitioners may treat this question of antiseptic obstetrics lightly and refer to their brilliant record of cases, but we would urge them to at least read this or some other recent work on this subject.

ANTISEPTIC MIDWIFERY. BY H. J. GARRIGUES, M.D. Published by Geo. S. Davis, Detroit, Mich. Pages, 128. Price 25 cents. For sale by Stoll & Thayer, No. 3 South Spring St., Los Angeles, Cal.

This author, while agreeing with the author of the work reviewed above that the infectious matter which causes puerperal fever is usually carried on the instruments or the hands of the nurse or doctor, yet differs with him in believing that it is often carried in the atmosphere, and consequently lays more stress on the value of pure air and thorough ventilation.

While Dr. Kucher recommends a three per cent. solution of carbolic acid as the best antiseptic at the obstetric bedside, Dr. Garrigues gives us, we think, the better advice when he urges the use of a 1 to 2000 solution of corrosive sublimate. Dr. Garrigues says he carries with him 15-grain powders of corrosive sublimate, and one of these divided in two quarts of water gives him a 1 to 2000 solution. For intra-uterine injections he recommends 1 to 4000 solution. In making the solution, first dissolve the powder in hot water, then add enough cold water to make the solution of the desired strength. For disinfecting instruments he uses a five per cent. solution of carbolic, as the corrosive sublimate injures all metallic instruments and ruins those which are nickle-plated.

The chapter on the treatment of mastitis is of great practical value. The physicians of Southern California should read these two works in order to "keep up with the procession." If they do not investigate the use of germicides, they lay themselves open to the charge of being homicides.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION, FOR DECEMBER, 1886.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.

Los Angeles, California.

Month of December, 1886.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & Hundreths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	29.986	53.7	66.3	40.5	.00	Mean Barometer, 30.082
..... 2	30.076	49.3	59.8	44.2	*.62	Highest Barometer 30.247, date 11.
..... 3	30.072	48.8	58.5	37.3	*.02	Lowest Barometer, 29.931 date 20.
..... 4	30.063	50.3	62.8	39.3	*.01	Monthly Range of Barometer, 316.
..... 5	30.049	52.5	63.8	46.7	*.01	Mean Temperature, 55.7
..... 6	30.096	52.4	63.0	47.4	.00	Highest Temperature, 84.8, date 14, 19
..... 7	30.148	49.6	61.0	40.4	.00	Lowest Temperature, 37.3, date 3
..... 8	30.104	51.7	63.8	41.5	*.—	Monthly Range of Temperature, 47.5
..... 9	29.948	50.0	62.0	50.6	.13	Greatest Daily Range of Temper- ature, 33.6
..... 10	30.099	52.7	61.3	45.7	.00	Least Daily Range of Tempera- ture, 9.5.
..... 11	30.237	50.6	62.2	39.3	.00	Mean Daily Range of Tempera- ture, 21.8.
..... 12	30.212	56.7	71.1	43.3	.00	Mean Temperature this Month
..... 13	30.186	64.2	80.8	47.2	.00	1878..54.4 1881..54.8 1884..52.3
..... 14	30.115	69.7	84.8	54.2	.00	1879..51.9 1882..56.4 1885..57.9
..... 15	30.085	66.4	82.0	58.5	.00	1880..55.6 1883..56.3 1886..55.7
..... 16	30.080	60.0	74.9	46.3	.00	Mean Daily Dew Point, 48.6.
..... 17	30.101	57.0	69.8	44.3	*.—	Mean Daily Relative Humidity, 79.1
..... 18	30.110	65.1	80.8	50.0	.00	Prevailing Direction of Wind, NE
..... 19	30.038	68.6	84.8	57.5	.00	Total Movement of Wind, 3671 miles.
..... 20	29.936	59.3	71.8	46.1	*.—	Highest Velocity of Wind and Direction, 20., NW.
..... 21	30.044	55.2	62.0	52.1	*.—	Total Precipitation, .26
..... 22	30.151	51.0	58.8	38.3	*.—	Number Days .01 inches or more Rain fell, 3.
..... 23	30.173	53.9	64.2	44.8	*.—	Total Precipitation (in inches and hundredths) this Month
..... 24	30.089	57.8	70.3	44.0	.00	1878..4.70 1881.. .52 1884..4.65
..... 25	29.987	53.2	68.8	39.3	*.—	1879..6.53 1882.. .08 1885..1.05
..... 26	29.970	50.0	60.0	38.8	*.02	1880..8.40 1883..2.56 1886.. .26
..... 27	30.049	50.5	59.0	46.7	.00	Number of Foggy Days, none.
..... 28	30.165	54.1	61.5	45.2	.00	" " Clear " 18
..... 29	30.164	51.4	57.5	43.6	.03	" " Fair " 12
..... 30	30.067	56.7	62.8	52.4	.02	" " Cloudy " 1
..... 31	30.071	60.0	77.0	45.2	*.—	Dates of Auroras, none.
						Dates of Solar Halos, 15, 22.
						Date of Lunar Halos, 31.
						Dates of Frost, Light, none.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

Th — indicates precipitation inappreciable.

GEORGE E. FRANKLIN,

Sergeant Signal Corps, U. S. Army.

NOTES: Barometer reduced to sea level and standard gravity. The dash (—) indicates precipitation inappreciable.

LASHKEVITCH recommends cocaine in doses of one-third of a grain three or four times a day for the relief of angina pectoris. In addition, inhalations of oxygen during the attack are advised.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. II. LOS ANGELES, CAL., MARCH, 1887.

No. 3.

ORIGINAL.

A STUDY OF RIVERSIDE CLIMATE, WITH SUGGESTIONS AS TO ITS ADAPTABILITY FOR CASES OF PULMO- NARY PHTHISIS.

BY W. B. SAWYER, A. M., M. D. (HARVARD), RIVERSIDE, CAL.

TEN years ago the trend of medical thought and investigation was much toward the solution of questions involved in the causation, history and pathology of pulmonary diseases. In medical clinics, before students, great stress was laid upon physical signs. Auscultation and percussion were carried to the veriest niceties; the exact location, extent and variety of every lesion was brought out, and a new name, or variation of an old one, was proposed for every strange grouping of signs and symptoms. Much less stress was laid, however, upon matters of treatment, the connecting link between these fine diagnoses and equally definite curative measures not being afforded. The cod liver oil horror had not altogether ceased to rage, though in its decadence; but upon the multifarious phosphates and the malts the greatest dependence was placed, while it was left in the main to specialists (quite widely thought visionaries) to experiment with air, oxygen and climate.

Even then, however, Dr. Loomis had discovered and brought into prominence the north woods of New York as one point for the climatic treatment of consumption, and Aiken, S. C., with some points in Florida, was a favorite prescription, while whispers of Southern California came, but occasionally and with little definiteness and certainty. To-day thought and investigation has taken, and is rapidly advancing in, another direction.

Unifying the various names under which consumption has been known by the term Pulmonary Phthisis; its causes, by the one morbid product deposited anywhere in the respiratory

tract, whose tendency is to cheezy degeneration, and whose essence is the bacillus tuberculosis of Koch; remembering, that all disease is to a greater or less degree self-limited; that the constant effort of nature is reparative, the impairing element having been removed or held in abeyance, and that all cases of phthisis do not die, advanced thinkers all over the world have made, and are making, great strides in the direction of the rational treatment of this most dreaded, most fatal, and most hopeless of ailments.

On one hand, Drs. Williams and Bowditch, the latter a classmate, whose gentle earnestness and quiet scholarship was at once recalled upon reading his brochure on the subject, have obtained most gratifying results from the topical use of remedial agents by means of the pneumatic cabinet—results which, while eminently satisfactory, may be taken as yet only demonstrating the possibilities of one method of reaching the nidus of the disease.

On another hand the oxygen treatment, under the leadership and through the indefatigable perseverance of Dr. Wallian, is demonstrating other facts and giving to the profession other agents; while new apparatus for atomization, and new suggestions as to means and methods, and substances to be used, are constantly coming out.

But beyond all, above all, and involving all of these matters is the treatment by climate. The question the practitioner asks himself now is, not what shall I give this patient, but where shall I send him? To adjust to each case the exact quality of climate, to surround him with precisely the kind of atmosphere suitable to his necessities, and to place him in a condition the most favorable for him from every point of view, suggests a problem decidedly perplexing. Patients have recovered, if not perfectly, at least to all intents and purposes, in the Adirondacks, a tract of forest land teeming with vegetation, and wet as a sponge; and others, neither better nor worse, with much the same symptoms, on the dry, barren wastes of California. Cases have done well in the high altitudes of Colorado and at the sea level in Florida, and men have been sent to die in Minnesota and Texas, but have not died in either place. Alas! the contrary is no less true. What is it that does it, and where is the chemist to extract the alkaloid from this *Climatus Americanus*?

Possibly no problem involving so wide a field, and necessitating such careful investigation, or such accurate statistics, was ever presented to the medical fraternity, and certainly there is none in which the solution is so much in doubt. Whatever may be the desired variety, however, the writer can see its habitat from his window in Riverside, California, this day.

To the north, twelve or fifteen miles, is the range of San Bernardino, its eastern peak 11,000 feet high, snow-capped and cold, falling rapidly off to the westward, where for miles the summit is clothed with pine forest. Just over the divide lies the desert, two hundred feet below sea-level, and between the two nearly every altitude may be found at all desirable for a consumptive. If any patient or his physician desires a higher altitude, perhaps it would be as well to stay at home.

To the east, between Riverside and San Jacinto mountain, are two table-lands, separated by a range of foothills. The first, upon which this city is built, about nine hundred feet above sea-level; the second, upon which are found the settlements of San Jacinto and Perris, and many so-called dry ranches (because not supplied with water by irrigation ditches), about 1500 feet in altitude. To the southeast, rising rapidly from the very city itself, is an irregular mass of hills and sloping plains overlooking, to the west the Riverside plain, to the east the San Jacinto, and to the south Elsinore, with its pretty lake. This the Gavalon (Hawk) contains the now quite famous tin mines, the Minafe, Santa Fé gold mines, and, scattered about among the hills, wherever there is a spring or flat with grass and the possibility of well-water, the ranches of settlers.

To the south, twelve miles, stretches Arlington, one vast orange grove, with the fruit now turning yellow.

Below Arlington the land slides off in a gentle decline a few miles, until it meets the northern slope of the table-land, behind which, and of the same name, is the range of mountains known as the Temescal. Through a break in this chain runs the Santa Ana river, in its cañon up which comes the sea breeze and an occasional errant fog.

To the west, first the river, which, like most California streams, runs upside down, the bottom being on the top and the water underneath; then more table-lands and foothills, till twenty-five miles distant is the Cucamonga range, at the base of which are Ontario, Cucamonga and Etiwanda.

The city proper rests within a small half circle of foothills, approaching quite close on the west and north, and but a couple of miles distant on the east, though north and south are broad areas of plain-land sloping to and away from it southerly.

An area of ten by twelve miles is incorporated as city limits, but this embraces Arlington and much outlying country. The entire population numbers 3,010, of whom about 1500 live in the town proper, and the remainder on the fruit ranches adjacent above and below.

The climatic and atmospheric conditions resultant from this geographical situation, elevation and distance from sea and mountain are unique.

First, as to temperature: It is warm but not hot, reaching in the summer months a maximum high point of 108° to 110° and in the winter from 78° to 80° . The average during the six summer months from sunrise to sunset is only $73\frac{1}{2}^{\circ}$ and in the winter months 60° . The very extremes of heat and cold are touched but seldom and at long intervals, and last but a short time. The high point is reached somewhat earlier and the low point a little later than usually observed elsewhere, the former being gained generally during the hour between noon and 1 P. M., and the latter at or very shortly after sunrise. The usual nightly fall and daily rise is more marked if anything, than in colder climes, and it comes with greater certainty, regularity and evenness. In the summer months it is greatest, in the winter least, the average variation for January being 20° and for July 34° . The night is rare when overcoat and blanket is not welcome and comfortable and the day unusual when wraps are needed at noon. The causes for these are, first the sun. It is a universal observation that nowhere is its influence so potent. Obscure the sun in winter and the prevailing chill of the atmosphere drifting and settling from the snow-clad mountains is at once apparent. Morning and evening house-fires are essential, and the shady side of the street is unsafe for the invalid. The sky is little clouded, even in winter as compared with the clear days, and from its first rising till its setting, the one most prominent, most irresistible and most emphatic feature of landscape and climate is the sun. It is only, apparently, a question of time, there being no appreciable difference between the heat-produce-

ing quality of its rays between December and June. Hence the high daily average of winter. A second cause alike of the constant day and night variation and of its excess in summer over winter months is the exceeding dryness of the soil. As soon as the effect of the winter rain has passed, usually by the latter part of May or first of June, there is no moisture at all in the soil for many feet below the surface, except in the comparatively small oases of irrigation. Radiation at night is unhindered, rapid and complete.

Again, the slope of the land to the south gives a larger proportion of the sun's rays to each square foot than if level or sloping northward, and hence the absorption of heat is a little in excess of normal, while the night radiation is the same.

As quite prominently affecting the temperature should be mentioned the cool sea-breeze blowing unremittingly during the summer months from the southwest and the desert winds from the north and east through the San Gorgonio and Cajon passes. The latter come once in three or four weeks during the winter season, flushing contagion from the valley and bringing a warm breath from the Mojave, and uncomplimentary language to the lips of the natives.

The following statistics of thermometrical observations, while somewhat cumbersome, seem necessary to give an accurate and tangible shape to the purpose in hand. The first table was compiled from a record kept by Dr. J. P. Greves of Riverside, from the year 1870 to 1875. The high and low points are not absolute, as the thermometer used was not of automatic register, and the records only show the variations as taken at 7 A. M., 7 P. M., and 12 M. The highest and lowest points are given as recorded for these hours with the monthly averages therefrom. The absolute high point being more nearly reached by the noon observation than the low point by either that of the evening or morning, the average mean would be materially less. The record is of great value as showing the variations during the twelve hours of day time, and because extending over a series of four years.

The second is a table prepared by Mr. A. K. Holt, of the *Riverside Press and Horticulturist*, and recently appointed signal service officer at this point. The accuracy of the record is undoubted, but it must be borne in mind in comparing it with signal service tables that the latter are made from ob-

servations taken from forty to one hundred feet above ground, while these were at the level.

	Highest point.	Lowest point.	Average for month.	Highest point.	Lowest point.	Average for month.	Highest point.	Lowest point.	Average for month.	Highest point.	Lowest point.	Average for month.	Average for four years.		
	1870.	1871.	1872.	1873.	1874.	1875.	1876.	1877.	1878.	1879.	1880.	1881.	High.	Low.	Mean.
October.....	91	50	67.2	100	47	71.1	104	40	70.5	98	39	69.5	98 1/4	44 1/4	60 1/4
November.....	86	41	64	87	38	62.2	89	36	64.3	92	43	58.3	86 1/4	39 1/4	62 1/4
December.....	86	31	51 1/2	85	36	59	87	31	59.3	87	37	59	76 1/4	34 1/4	57 1/4
January.....	78	32	58	76	32	57.2	82	33	58.2	78	34	52	78 1/4	32 1/4	56 1/4
February.....	78	32	55 1/2	82	37	55.2	73	35	55	78	34	52	77 1/4	34 1/4	54 1/4
March.....	84	40	62 1/2	81	40	59.3	85	42	64	72	37	55	80 1/4	30 1/4	59 1/4
April.....	86	42	63 1/2	93	43	58.1	92	40	65.2	87	33	59.2	80 1/4	30 1/4	61 1/4
May.....	98	52	68 1/2	99	52	66.1	90	57	71.1	80	54	65	93 1/4	53 1/4	67 1/4
June.....	97	55	75.2	110	58	73.3	100	57	76	100	50	74	101 1/4	50 1/4	73 1/4
July.....	104	62	86	93	60	75.3	105	60	78.2	104	60.5	79.2	101 1/4	60 1/4	78 1/4
August.....	106	62	86 1/2	105	63	81	100	61	81	108	63	81.2	104 1/4	62 1/4	80 1/4
September.....	100	51	77.2	100	51	81.3	104	61	82.2	99	52	78.1	102 1/4	53 1/4	79 1/4

STATISTICS, 1885-1886, RIVERSIDE, CAL.

Recorded and compiled by A. K. Holt, at office of Riverside "Press and Horticulturist."

1885.	Average Temp.	Lowest Temp.	Highest Temp.	Clear Days.	Cloudy Days.	Hazy Days.	Rainfall Inches.
July.....	73.8	56.7	90.7	29	1	1	0
August.....	78.5	62.5	94.5	23	2	6	0
September.....	70.8	53.8	88	20	0	1	0
October.....	64.4	48.3	80.5	27	1	3	.02
November.....	55.9	44.2	67.6	15	10	5	1.35
December.....	53.	40.2	65.8	23	6	2	.64
1886.							
January.....	52.0	42.0	62	16	14	1	3.27
February.....	50.3	41.7	70.8	22	6	0	1.38
March.....	53.1	40.9	65.3	22	7	2	1.95
April.....	57.7	45.2	70.2	20	9	1	1.43
May.....	60.8	50.4	83.2	27	0	4	0
June.....	71.0	55.2	86.8	20	0	1	0

Second, as to moisture: Until within a few weeks, no humidity observations have been made and no record is at hand. The precipitated moisture in the shape of rain has been measured, however, and carefully tabulated by numerous observers, and the accurate statistics for six years beginning in 1880, furnished by Mr. A. S. White, are appended. The seasons are divided into wet and dry in preference to summer and winter, but these terms are unfortunate, as they convey no adequate idea of the facts to one unacquainted with the locality. The ordinary wet season at Riverside is much drier, has less rain and a larger propor-

tion of dry, clear, sunshiny days than the average summer in New York, Boston or Chicago. The name wet season is given to the months between September and June because during that time all the rain for the year is apt to fall and because for the remainder of the year no rain falls.

During this period the rain falls in showers of from one to four days duration, there being between these showers, intervals of four days to weeks of clear open weather.

In addition to the precipitation in rain occasional and very infrequent fogs add a trifle to the total moisture. They drift into the valley from the seaward, coming up in the early morning and vanishing by nine or ten o'clock in the forenoon. They occur more often in the fall and winter months, but come so seldom and are so light that their effect upon the atmospheric moisture is insignificant. From July, 1885, to July, 1886, there were two hundred and eighty absolutely clear days, thirty-eight days of rain, in many of which there was simply a shower with a precipitation of one-tenth of an inch or less, the balance of the time being clear, and forty-seven in which there was a longer or shorter interval of trifling fog in the early morning.

There is little apparent selection as to month or time in the month for rainfall, though the record shows February and March to have had the largest percentage for the six years given.

RAINFALL IN MONTHS.

	1880 and 1881	1881 and 1882	1882 and 1883	1883 and 1884	1884 and 1885	1885 and 1886	Av'rage
September.....	....	.10	....	....	....	....	.10
October.....	....	.40	.13	.97	.12	.02	.27
November.....	.20	.25	.29	....	.12	1.34	.36
December.....	2.26	.40	.20	2.25	2.56	.62	1.38
January.....	.48	1.70	.09	.84	.77	2.21	1.015
February.....	.25	1.40	.83	12.00	....	1.38	2.64
March.....	1.30	1.08	.89	6.26	.01	1.95	1.91
April.....	.74	.72	.26	1.67	2.15	1.43	1.16
May.....	.03	.08	.25	1.99	.24	....	.43
June.....	....	.18	....	.52	....	....	.10

January 12th, 1882, eight inches snow.

August 22d, 1884, three inches hail and rain.

TOTAL RAINFALL.

Season of 1880 and 1881, 5.26.

Season of 1881 and 1882, 6.31.

Season of 1882 and 1883, 2.94.

Season of 1883 and 1884, 22.54.

Season of 1884 and 1885, 5.97.

Season of 1885 and 1886, 9.32.

The effect of the water used in irrigation upon the atmosphere it is impossible now to determine. In rough numbers, the amount used daily throughout the entire length of the settlement is about 2000 inches of continuous flow. (For the benefit of those who are unaccustomed to measure water in this way, an irrigator's inch is all the water that will flow through a hole an inch square in the side of a box, four inches below the surface of the water in the box.)

This 2000 inches while flowing into the settlement steadily all the year round is diverted from day to day from one orchard to another, so that the relative humidity of the soil throughout the entire settlement is about the same, varying little the entire year.

Third, as to purity: The great sources of atmospheric supply for this entire country is the broad area of the Pacific ocean on one side and the great American desert on the other. In neither one of these sources are there any known beds of infection, and in its passage to Riverside from any point of the compass the air cannot pass across any infected regions, malarial latitudes, marshy lands, or anything decaying or dead. Scientifically we cannot speak as yet, for no tests have been made, but to the unscientific observer it is so pure as to call forth remark. It does not seem possible that there can be any elements of impurity in the air. The soil of these great plains has not been dampened deeper than a few feet from an age to which the memory of man runneth not back, and except the "flowers that bloom in the spring," and die in the spring as well, they have had no green thing upon their surface for the same period.

The effects produced upon phthisical patients is wonderful. Many men and women in Riverside cheerfully give evidence of it from their own personal experience.

The colony beginning some eleven years ago as a purely irrigation venture, readily attracted men of means who had sought California for their health and who found in orange culture and the various enterprises of a growing settlement an occupation at once pleasant and profitable, and directly in the line of treatment. Many such are now living, as active, as well, and apparently as free from phthisical taint as if never affected. One was the first president of the corporation and lived, though quite old, for years in comparative comfort, and

died finally as the result of an accident. Another is now county supervisor whose lungs are as sound as his head, which is said by his colleagues to be the soundest on the board.

But such testimony, while substantiating and verifying the strongest statements, is lacking in the essential features which would make it of value from a scientific point of view. There are few, if any, of these persons who can give any definite description of their physical condition previous to arriving here. None have from their old medical advisers records of the results of physical examination or the exact diagnosis of their case. To supply this deficiency, I am preparing a report of some carefully-studied cases that will be ready for publication in a short time.

THE EFFECT OF SCARLATINAL POISON ON THE KIDNEYS; THE CHANGES INDUCED. SUGGESTIONS ON TREATMENT.

BY M. HAGAN, M. D., HEALTH OFFICER OF THE CITY OF LOS ANGELES.

THE kidneys are the principal scavengers of the body; they not only remove the natural excrementitious substances from the system, but poisons, whether introduced or generated, in the system are mainly through the functions of the kidneys eliminated and expelled from the body. And it is probably through the effort of the kidney to eliminate the poison of scarlatina from the blood that the organ becomes diseased itself. The debris excreted by the kidney in this disease is charged with a specific virus, that is irritating to the organ and liable to produce nephritic lesions. The injury to the kidney in these cases, ranges from slight irritation to absolute inflammation, depending on the quantity and quality of the poison in the blood.

Many careful observers hold that the kidneys are always affected in scarlet fever, and that, in some degree, nephritis is as common as the rash on the skin. And further, that sore throat and nephritis does occasionally occur without the rash. These cases are only observed in severe epidemics, and when surrounded by children suffering with rash and sore throat. This latent form of scarlatina can only be correctly diagnosed on the approach of dropsy, its characteristic sequel—there

being no rash, but mild fever and slight sore throat. These cases always occur in families where the balance of the children have the usual rash and catarrhal angina.

Of the various dangerous complications and sequela of scarlet fever, none are more important, or more dangerous to immediate life or to subsequent health, than the derangement of the kidneys. And, as a clinical fact, almost all cases of fatal scarlatina present renal symptoms. In the primary stages of the disease the nephritic symptoms may be overlooked, or may not be distinctly recognizable until dropsy develops. Here, too, is a common error, especially among the laity, and not very uncommon in the profession, the belief that dropsy following scarlet fever is the result of cold. Many an unhappy mother, who has lost her child from this disease, reproaches herself for years for having changed its linen too soon, or imprudently opened a door, and thus brought about the death of her child. Now, it is possible that chilling of the skin during the fever, or more especially during convalescence, may favor congestion and inflammation of the kidneys; but the prime cause is the irritation produced by the scarlatinal poison. Acute nephritis is so common in scarlet fever that close supervision should continue over the patient for some weeks after all evidences of the disease have disappeared. From the beginning, every case of scarlet fever should be managed with a view to preventing renal lesions. An examination of the urine should be made daily, and should be taken from a vessel containing the whole amount of urine passed during every twenty-four hours. Simply, a test for albumen is not sufficient, as albuminuria may be due to other than nephritic causes. And, as a matter of clinical experience, demonstrated by autopsies, albumen is not always present in renal disease. A very refined microscopic examination, however, is not necessary to find coagulated fibrin, renal epithelial casts and blood corpuscles—which will determine as to kidney complication. Dropsy is a very common, but not an invariable symptom of this form of renal affection, and its extent is just in proportion to the failure of the kidneys to perform their functions.

TREATMENT.—From the beginning of a case of scarlet fever, an eye should be single to the protection of the kidneys. The treatment instituted during the fever, should have in view the

relief and preservation of those organs. Close attention should be given to the skin the first few days. Sponging with tepid water, hot baths and hot packs, also daily applications of some unirritating oil to the surface of the body. The latter relieves the itchings of the skin and diminishes the fever from one to two degrees—to say nothing of the theory that the germs of infection are less liable to pass into the air, after their wings are coated with oil. Mild saline cathartics aid in eliminating the poisons from the system, thereby relieving the kidneys, and should not be disregarded during the height of the fever.

But, with the first symptoms of renal trouble, we have two propositions to meet: First, that there is a specific poison in the system that has produced kidney disease; and, in the second place, in consequence of this renal disease, the blood has become further contaminated by retention of urea and other excrementitious matters.

Our aim in the treatment at this stage should be to rest the kidneys, and eliminate the poisons from the blood by means of other excretory organs. To carry out this order of treatment, the patient should rest in bed or in a moderately warm room. The skin and bowels should be encouraged to act freely—diaphoretic medicines should be alternated with saline purgatives. Early in the disease a sinapism, or some mild counter-irritant should be applied over the region of the kidneys. When the urine is scanty and highly albuminous, cupping or leeching on the loins should not be neglected. Here, again, the alkaline salts are useful and efficient, of which class the bitartrate of potash is the representative. Digitalis is the least irritating to the kidneys as a diuretic, and owing to its tonic effect on the heart and arterioles its administration is proper and highly beneficial.

Convulsions occurring in this disease should be treated similar to those occurring from other causes—a proper dose of morphia hypodermically administered during the convulsion, and bromide of potassium and other remedies during the intervals.

Where excessive dropsy threatens to destroy life, dydragogue cathartics should be temporarily resorted to, but their prolonged use in a disease with such marked anæmic tendencies would be, to say the least, ill-advised. Pure drinking-water is

never objectionable in any stage of this disease, and may very materially assist in washing away obstructing coagula from the kidneys, and thereby shorten the disease. After the poisons are eliminated from the system, and after the force of the disease is spent, tonics are indicated, and here the muriated tincture of iron, on account of its combined diuretic and tonic properties, is most valuable.

OLIVE OIL IN LIEU OF CHOLECYSTOTOMY FOR BILIARY OBSTRUCTIONS.

BY J. MCF. GASTON, M. D.,

Professor of Surgery in the Southern Medical College, Atlanta, Ga.

IN my article on "Obstruction of the gall-duct and its bad consequences, etc.," will be found, at the foot of page 361 of the October number of *Gaillard's Medical Journal* for 1884, the following statement:

"If curative measures are resorted to early after the interruption to the flow of bile, there is a good prospect of evacuating the gall-bladder. Dilitation of the ductus choledochus may permit of the forming of gall-stones the size of an ordinary plum-seed, and the results which have been reported recently under the olive oil treatment commend themselves to the favorable view of the profession at large."

In reporting the treatment of a case in which my diagnosis was, obstruction of the bile-duct with dilitation of the gall-bladder, containing a considerable quantity of semi-fluid bile and a large biliary concretion, the accompanying details are given, on page 368 of the above-named journal:

Having observed the reports in regard to the use of olive oil in cases of hepatic colic, with the result of dislodging gall-stones, it was thought that, if it did no good, it could do her no harm to try the experiment of a full dose of the oil. She took a teacupful of the sweet oil, such as is used for the table, at intervals of three hours, until three were taken, when the stomach refused to accept any more. In the course of the same night she had four evacuations, of a dark grumous matter, which continued for twenty-four hours with greater or less intervals. After the first discharges there was very little of

the characteristic foul odor with the evacuations, but a disagreeable smell (which was *sui generis*) accompanied the dejections of the semi-fluid matter that passed, and which had been previously retained within the gall-bladder. In the meantime the tumor extending below the ribs on the right side diminished, and the hard mass, already described, receded upward to the margin of the ribs. The pain and sensitiveness in the epigastrium ceased, but in the course of a week the darkish discharges disappeared, and eventually there was no further action of the bowels. The patient again became uncomfortable, and the olive oil was repeated, with a good result in producing discharges, resembling the former matter, but less in quantity, which recurred at intervals subsequently.

Her appetite now returned, so that she ate indiscriminately of such vegetables and other articles as she desired without any indications of indigestion, and eventually there seemed to be a restoration of the proper bilious secretion to the evacuations.

To obviate the necessity of any operative procedure in a patient suffering from biliary obstruction with very considerable enlargement of the gall-bladder, in the hospital connected with the Southern Medical College, I ordered liberal doses of olive oil, with a most salutary result, during the past three months.

This man, whose name is Paul Joblouski, by birth a Pole, was seen by Prof. W. D. Bizzall and myself, on the 2d of October, 1886, laboring under torpor of the bowels with jaundice and a tumor on the right of the median line extending from the false ribs to the level of the umbilicus. We concluded that this was a prolongation of the gall-bladder, associated with some obstruction of the common bile-duct and hepatic disorder, for which calomel and bicarbonate of soda in broken doses was administered with only temporary relief of his troubles.

After many other measures had been resorted to by the Home physician, Dr. Powell Walker, I conferred with Dr. W. A. Crow, who was co-operating in the management of the case, and suggested the use of a pint of olive oil in two doses with an interval of three hours. This brought away copious discharges of dark semi-fluid accumulations, and though no gall-stones were passed, there was a reduction in the tumor, with marked relief of the sufferings of the patient. He was di-

rected in the meantime the following mixture: Take infusion of gentian 10 ounces, sirup of rhubarb 2 ounces, tinct. of nuxvomica $\frac{1}{2}$ drachm, bicarbonate of soda 1 drachm; mix and take half a wine-glass every three hours.

This appeared to restore tone to his stomach, but afterward he complained of the same kind of discomfort as formerly, and again a half pint of olive oil was taken with benefit. He then resumed the tonic mixture and continued to take it three or four times a day for some weeks, with evident relief to the gastric and intestinal derangement, which persisted in a mitigated form, though the jaundice had disappeared under the use of the olive oil. Within a month after admission he left the hospital comparatively well, and on the 20th of December he presented himself at my office with a ruddy complexion and entirely restored to health; affording an indubitable evidence of the efficacy of the olive oil in cases of bilious obstruction.

Thus I have been cheated out of a case which presented favorable conditions for testing the application of duodenocholecystotomy, as proposed in my article for the *Reference Handbook of the Medical Sciences*, which has been recently re-published in the *Journal de Medicine* of Paris; and the indorsement of this proceeding by Mr. Willet at the Brighton meeting of the British Medical Association strengthens my faith in it.

Under the caption of cholecysto-enterostomy, on page 926 of the last edition of Ashhurst's Surgery, it is stated that "Winiwarter and Gaston, in cases of obstruction of the biliary duct, advise that a fistulous opening should be established between the gall-bladder and some other portions of the bowel. In Winiwarter's case (which was successful) the ascending colon was thus utilized, but he recommends that the duodenum should be employed in the future." While the production of an external fistulous outlet from the gall-bladder has been found advantageous in temporary obstructions of the common bile-duct, this operation cannot be adopted with any prospect of relief in cases of permanent obstruction of the ductus choledochus communia; and it is for this state of things that a direct opening from the gall-bladder into the alimentary canal is indicated and demanded. The experiments made on dogs by Myrez and Golzin, with the favorable result of Winiwarter's

case, warrant this procedure when there exists an irremediable impediment to the flow of bile by the natural channel, and Dr. N. Senn claims that duodeno-cholecystotomy will be a recognized operation in future. This operation for effecting a direct communication between the gall-bladder and duodenum rests upon the observation that an ulcerous opening between them has sometimes remedied the evil, from permanent occlusion of the bile-duct. Though Tait considers this a "transcendental operation," and cholecystotomy as "intrinsically absurd," it is hoped that others may practice both of these operations successfully in spite of his *ipse dixit*.

Langenbuch, of Berlin, has just added five cases of extirpation of the gall-bladder to the five previously regarded, there being in each series one fatal result. This operation has been performed in one case by Courvoisier and in two by Thiriar, with a successful result in all three cases, giving in thirteen operations of cholecystotomy but two deaths, the mortality being only 15.4 per cent.

NOTES ON THE IMPENETRABILITY OF SILK TO BULLETS.

BY G. E. GOODFELLOW, M. D., TOMBSTONE, ARIZONA.

A SOMEWHAT extensive experience in the gunshot wounds of civil life, during the past few years, has brought to my attention the following instances illustrative of the remarkable tenacity of silk fibre and its resistance to the penetrative power of a bullet:

In the spring of 1881 I was a few feet distant from a couple of individuals who were quarreling. They began shooting. The first shot took effect, as was afterward ascertained, in the left breast of one of them, who, after being shot, and while staggering back some twelve feet, cocked and fired his pistol twice, his second shot going into the air, for by that time he was on his back. He never made a motion after pulling the trigger the second time, the pistol dropping to the ground with his hands.

Half an hour afterward I made an examination of the body. Upon stripping it, found not a drop of blood had come from either of the two wounds received. From the wound in

the breast a silk handkerchief protruded, which I presumed had been stuffed in by some of his friends to prevent bleeding, I withdrew it and with it came the bullet. It was then seen that it had been carried in by the ball.

Upon opening the body, the track of the ball was found to be as follows: through the left ventricle, thence through the descending aorta; thence into and through the body of either the second or third dorsal vertebra into the spinal canal, fracturing the laminae. The ball came from a cut-off Colt 45-calibre revolver, fired at a distance of six feet, the cartridge of which contains thirty grains of powder and two hundred and sixty grains of lead. The man had on a light summer suit, the handkerchief being in the breast pocket of the coat.

Examination of the handkerchief showed only two slight tears or cuts in it, they being on the outside of the fold containing the bullet, where it had struck the bones of the vertebral column, no ribs having been touched. There were two thicknesses of silk covering the bullet.

This attracted my attention, but in a short time a still more remarkable case was observed. During a fight a man was wounded at a distance of thirty feet by a load from a shotgun. The cartridge contained four drams of powder and twelve buckshot. Four of the shot penetrated the frontal bone, and, as shown by the autopsy, flattening themselves against the posterior wall of the skull; more entered the face, piercing the facial bones, and some passed through the upper thoracic wall, thence into the lungs. At the time he was shot he had loosely tied about his neck a red silk Chinese handkerchief. In the folds of this I found two buckshot, neither of which had so much as cut a fibre of the silk. There were four or six folds of the silk between the balls and the skin. The uncertainty as to the number of layers arises from the fact that not wishing to damage the specimen, I never have unfolded the handkerchief to ascertain exactly.

To fully appreciate this case, it is necessary to understand that the shot which went into the forehead passed through a thick Mexican white felt hat weighing, untrimmed, twelve ounces, heavily embroidered with silver, and a silver wire snake an inch thick for a band. The thickness and weight of these hats can only be realized by those who have seen and worn them. Two of the balls penetrated the band, then en-

tered the skull. The shot entering the chest, one of which went through the sternum into the depths of the chest, had to pass through two heavy wool shirts and a blanket-lined canvas coat and vest, such as are worn in the West. A few layers of light silk, however, were enough to stop bullets that could pass through all the tissues mentioned.

The third case was that of a man wounded at a distance not exceeding three feet, by a ball from a full-length, 45-calibre Colt revolver. The ball entered the right side of the neck two inches below the angle of the jaw at the posterior border of the sterno-cleido mastoid muscle and emerged on the left side at the angle of the jaw. The head was turned slightly to the right at the time the bullet struck him. Around his neck was loosely tied a red silk handkerchief, as in the preceding case. The ball catching this carried a portion of it through to the wound, then slipped off, leaving the handkerchief in the wound uncut. This man recovered, though the carotid artery of the right side could be felt bared and pulsating in the wound.

He subsequently told me, for I never saw him to speak to but twice, that all the liquids he took passed out of the wound of entrance for some weeks. He is now, I presume, pursuing his trade (cattle-stealing) on the border—if not in peace, at least in prosperity.

The life of this man was, presumably, saved by the handkerchief; for had it not been dragged into the wound I doubt not that the great vessels of the right side would have been irreparably injured.

The ball that killed the first man, above mentioned, fired from the distance at which he was shot, ordinarily goes through the body, bones or no bones, as I have seen illustrated many times. Fired into a four-inch plank of pine or redwood (same distance) it readily passed through, and sinks into another a foot behind. At fourteen feet the same calibre ball penetrated a six-inch pine joist, and struck the ground some twenty feet beyond, with force enough to flatten the ball. No experiments have been made with the shot-gun; but in two cases, now called to mind, where the distance was greater and the charge of powder less by one dram. In one case, at a distance of 120 feet, the humerus and one of the lumbar vertebral spinous processes were fractured; the balls passing respectively through an overcoat and two shirts, and the same with

the addition of the waistband of the trousers. In the other, with the same charge of powder, at a distance of sixty feet, one of the shot entered the head of the tibia, some two inches below the knee joint, passed through and buried itself in the lower end of the femur an inch; this, after piercing leather boot-top, canvas overall and drawers. Had the handkerchief not been in the way in the first case, the bullet would have gone entirely through the body. The second case is the best test. Balls propelled from the same barrels, and by the same amount of powder, penetrated the tissues described, yet failed to go through four or six folds of thin silk.

TRANSPLANTATION OF TEETH.*

BY E. L. TOWNSEND, D. D. S., LOS ANGELES, CAL.

THE first mention we have of the subject is by John Hunter. He speaks of the operation as a very usual and constant thing in his own experience, as though he had performed it many times. He advises that a fresh tooth be taken, if possible; but says that many dentists prefer dead teeth, and that he himself has seen dead teeth become perfectly firm after insertion, and do service for many years. The fact that it was made the subject of caricature by Rowlandson, a very famous caricaturist in 1787, would tend to confirm the idea that it was generally known that such operations were performed.

The following extracts from contemporaneous writers will serve to indicate the opinion held of the operation at the date of the publication of the caricature: "If the dentist makes a proper choice of the tooth to be transplanted, and takes it from a young, healthy† person, and conducts himself through the operation with judgment and dexterity, the patient may expect success equal to his most sanguine wishes." "A dead tooth, when properly prepared, has been found to fasten as firmly and to endure near as long, in some instances, as a tooth

* This paper was prepared at our request for January number SOUTHERN CALIFORNIA PRACTITIONER, but was unavoidably crowded out.—EDITOR.

† "The subject from whom teeth are taken for this purpose cannot be too strictly and closely examined, as experience warrants the assertion that the venereal virus may be communicated by this means."—A Practical Essay on the Human Teeth, by Paul Ewriilius Jullion, 1781.

taken immediately from a living subject." Even in 1783 this operation seems to have been on the wane, and Woolfendale, in his "Practical Observations on the Human Teeth," alludes to the operation in following manner :

"The transplantation of teeth is a desirable operation, when it succeeds ; but it may not be improper to observe, that its success in a great measure depends upon chance." Adding : "There is an operation I have frequently performed with success, though not always. It is when a tooth gives pain, and the nerve cannot readily be destroyed, to take the tooth out, stop the hollow with gold, and replace it. Having this operation performed carefully, the tooth so placed answers as well through life as if it had never been diseased."

In 1810 John Fuller, surgeon dentist, says : "It was once a very popular practice to substitute a complete tooth in the place required. When it succeeded, the transplanted tooth remained only a few years. From such circumstances it gradually sunk into disuse, and is now, we hope, consigned to its merited oblivion."

Numerous cases have been recorded where teeth dislocated from accidents have been replaced, and remained serviceable for a number of years.

Several years ago the operation of replantation (*i. e.*, the removal and return to its own socket of a tooth or roots) became so common, that it was prophesied that in a few years this would be the universal practice of treating diseased and abscessed roots. In Vol. XX, page 377, Dental Cosmos, 1878, Dr. G. R. Thomas* states that, "from the number I have operated upon, and the observations made, have so strengthened my confidence that, whereas I was once *blind*, I now *see* ; not with my mind's eye, either, but with my physical eye I see the end of the root or roots of nearly all my abscessed teeth." The Doctor furthermore states, that he has a record of one hundred and fifty cases so operated upon. He further states that he transplanted a tooth which had lain in his office for four weeks, and that the re-attachment was as perfect as though it had been transplanted, or replanted, the same day of extraction. This case differs from the other cases recorded, in that the root was reduced in size to fit the socket in the alveolas, conse

* Formerly of Detroit ; now a resident of Pasadena, Cal.

quently the pericementum must have been removed, and yet, three months from the date of the operation, the tooth was in a healthy state and firm in its socket.

The records of these operations can leave no doubt as to the re-attachment of dead teeth to the surrounding tissues. That by reason of this attachment is to imply the successful insertion of teeth in this manner, is not wholly within the facts of the case; of the great number replanted it is safe to say that the larger percentage are failures. Transplanted teeth, wherever we have a record, have proven failures in a few years.

Dr. Younger's operation of implantation, viz., the forming of a socket in the jaw, either when one has been obliterated by time, or where the part is virgin—never having borne a tooth—and into which socket a tooth is planted, is at present exciting much comment in the dental profession; first, from the novelty of the operation, which was heralded by the secular press as a wonderful discovery, and, secondly, from the claim of Dr. Younger that there is a pericemental life in the dry membrane surrounding the root of the tooth. This view is not coincided with by the leading biologists of the profession. Dr. Carl Heitzman compares the dry pericementum to the sponge graft, stating "that there is no vitalization of the sponge to be looked for; the living tissue from without grows into the sponge and destroys it. So far as I can see, from a biological standpoint, the explanation that there is a living union between the implanted tooth and the socket is wrong. A foreign body which is surrounded by living tissues, in the latter a certain amount of plastic inflammation, may tend to fix the root of the tooth, and the dead, dry pericementum, made aseptic, may play the role of a sponge in sponge-grafting, without ever becoming alive again. The same will happen to the root of a tooth that happens to a piece of ivory inserted in the bone—the new growth will penetrate the dead tissue, and the root will become smaller."

From a physiological standpoint, the practice of implantation will undoubtedly prove erroneous, and go the way of transplantation and replantation. But there may be times when the operation will be justifiable, or even advisable.

237 South Spring street.

South Africa is to have a Frontier Medical Association.

**PYO-SALPINX TREATED BY VAGINAL INCISION.
SUCCESSFUL HYSTERECTOMY AND OVARIOTOMIES.**

BY PAUL F. MUNDE, M. D.,

Professor of Gynecology at the New York Polyclinic and Dartmouth College; Gynecologist to Mt. Sinai Hospital; Obstetric Surgeon to Maternity Hospital, etc.

"October 8, Dr. Munde opened a pelvic abscess by an incision through the vaginal wall. He said this abscess probably originated in the Fallopian tube.

"It was a question with him whether it was not possible in cases of pyo-salpinx to evacuate the pus through the roof of the vagina and thus avoid the dangers of laparotomy." (Page 25, SOUTHERN CALIFORNIA PRACTITIONER for January, 1897.)

THE patient whose case you refer to—pyo-salpinx treated experimentally by vaginal incision, irrigation and drainage—made a very good recovery from the operation, but the sinus into the tubal sac remained open and a sound could be passed to the depth of three inches when she left the hospital. Whether it has closed since, I do not know, but I doubt it. At least, in a private case of the same kind operated in a similar manner last May, the sinus is still open and discharging pus, in spite of iodine injections, curette and hot douches.

That is precisely the doubtful point in incising and draining tubal abscesses per vaginum, whether the abscess will close or remain open indefinitely, the discharge of pus continuing to the annoyance of the patient and her husband.

One patient of mine, a young lady of sixteen who had a pelvic peritonitis and discharge of a large amount of pus two years ago, before she came under my care, has since had frequent discharges of pus from the vagina, and an examination shows a sinus opening behind the cervix, and leading three and one-half inches to the right, undoubtedly the tube; but how to close it is not so easy to say, for active measures are risky. If tubal and ovarian abscesses could surely, or often, be cured by vaginal incision, drainage and irrigation, laparotomy for those conditions would seldom be justifiable.

I did a vaginal hysterectomy for epithelioma of the cervix two days ago; the patient's temperature is 100°, the pulse 90. My last two ovariectomies, both double, went out on the seventeenth day.

A. J. Pedlar, M. D., Medical College of the Pacific, 1877, is the energetic Health Officer of Fresno.

NOTES ON RAILROAD INJURIES.*

BY JOSEPH KURTZ, M. D.,

Professor of Clinical Surgery in Medical College of University of Southern California.

AMONG the many causes of accidents which come into the hands of the civil surgeon for treatment, the railroads furnish one-half, if not more, of all; and those railroad injuries differ considerably in many respects from similar injuries due to other causes, in regard to their symptoms and course. But neither our text-books nor our surgical reports lay any particular stress upon these facts. It is true, a fracture is a fracture, whether it be caused by a railroad accident or by a fall from a house or by any other accident; in the same way we can speak about all sorts of injuries, and our books on surgery neglect none. But I am convinced that the symptoms and course of railroad injuries differ sufficiently from those of similar injuries caused by other accidents to justify a special consideration. Books and journals on military surgery exist in abundance; on railroad surgery we have scarcely anything, and yet I believe that the railroads furnish more material to the surgeons than all the wars. Unfortunately, I am not in possession of any statistics in regard to this matter.

John Eric Erichsen's little work on "Concussion of the Spine, Nervous Shock, etc.," is perhaps the best literary effort on the subject, and it certainly deserves a careful study at the hands of any surgeon; but it is only confined to injuries of the spine and nervous system, and unfortunately, it does not discriminate between injuries caused by railroads and those caused by other means. Railroads are of comparatively recent date but they have spread with such marvelous rapidity over the world, and particularly over this country, that there is scarcely a physician who may not be called on any time to attend cases of railroad injuries, and certainly every one should be prepared to do so.

With these few preliminary remarks I may have aroused you to inquire, in what, then, exist these differences? Let us see: You are all familiar with the running of the cars and the impression caused by a sudden stop at a place where no

*Read at the regular monthly meeting of the Faculty of the Medical College of the University of Southern California.

stop is expected. At once the question of danger is presented to your mind and this little fear may almost approach a slight nervous shock with some of the travelers. But when, in addition to this, a collision takes place, which causes all sorts of injuries to your fellow passengers, the shock you sustain, even if uninjured, might be a very serious one. I have seen some of the passengers who went through the Tehachipi disaster unharmed, but who were unable to stand on their feet hours after the accident.

How much worse, then, must be the condition of the nerves of those who are really hurt! Indeed, the shock caused by railroad accidents is far more intense and lasting than if caused by similar injuries due to other accidents. Even apparently trifling injuries may result in death by shock. A peculiar circumstance connected with such accidents is the thrill or jar, the sharp vibration which seems to be transmitted through everything and everybody subjected to it, running through every fibre of the traveler, whose absolute helpless condition must necessarily increase the severity of this vibratory or nervous shock. Not a very uncommon injury on railroads is concussion of the nerve centers, the spine and the brain; and this condition has been more recognized by the few writers on this subject than the rest, and has been very ably dealt with by Erichsen. It is not rare to see notes and descriptions of a *railroad spine*; while the expression, *railroad brain* would still be a novelty, though there is as much reason for the latter as the former.

Those concussions may be unconnected with an actual palpable lesion of either spine or head, as fracture, dislocation or sprain, and the patients may apparently recover after a few days, and yet a disintegration of the medulla or brain may gradually creep along and perhaps bring the unfortunate into a premature grave. I remember one of those victims of the above-mentioned disaster, who really seemed to have escaped uninjured—who was before the accident a most active, bright and intelligent man, but who began to suffer months after, and is now perhaps a mental wreck, and this in spite of the best medical assistance. I have not seen him since a few days after the occurrence, and know of him only by reports, but am convinced that his lamentable condition is the result of the concussion then sustained.

It is remarkable that symptoms of spinal concussion do not develop immediately after the injury, rarely before a lapse of a week, and sometimes not before many months have passed, and it may become difficult at times to connect the lesion with the proper cause. Erichsen states on this subject: "Symptoms indicative of and arising from concussion of the spine have of late years been very often met with in surgical practice, in consequence of the frequency of injuries sustained by passengers in railway collisions, and they have been very forcibly brought under the observations of surgeons, in consequence of their having become fertile sources of litigation—action for damages for injuries alleged to have been sustained in railway collisions—having become of such frequent occurrence in our courts of law as now to constitute a very important part of the medico-legal inquiry.

"The symptoms arising from these accidents have been variously interpreted by surgeons, some ignoring them entirely, believing that they only exist in the imagination of the patient; or, if they do admit their existence, they attribute them to other conditions of the nervous system than any that could arise from the alleged accident. And when their connection with, and dependence upon, an injury have been incontestably proved, no little discrepancy of opinion has arisen as to the ultimate result of the case, the permanence of the symptoms, and the curability or not of the patient."

Surgeons, whose practice consists a good deal of cases of railroad accidents, should indeed be thoroughly acquainted with the symptoms and course of concussion of the nervous system, not only to properly conduct their cases, but also to be able to render a correct opinion before a court of justice.

It is astonishing to find such a discrepancy of surgical opinions in regard to the results of such cases. But the reason therefor is by no means alone to be sought for in the insufficient knowledge of the subject, but very often in the dishonesty of the patients, who willingly and maliciously overestimate their symptoms, or feign symptoms, with a view to obtain large sums of money from a wealthy company. I have known such patients to first consult a lawyer, before they would allow themselves to be seen by the physician. And, I may add, that I have treated cases which have baffled the most careful observer, which went from bad to worse, and were at last quickly

cured by a purse of money. It has sometimes appeared to me that such patients had studied the subject of spinal concussion better than the average physician, so as to successfully feign them.

On the other hand, cases are frequently slighted which may run a serious, even a fatal course. One such case I remember very particularly. A man was apparently slightly hurt on the road; I went to meet him at the depot, but he dodged me, came afoot to town; went to the hotel; sent at once for a lawyer, who in turn warned him not to employ me, but sent for another practitioner, whose prognosis by no means frightened him. But after a few days I had a chance to see and examine him, so as to make a report to the company about his condition. I advised a reasonable and fair settlement, which was made. On receipt of the money, he left for home smilingly, and in three months more he was buried.

I have recently noticed a report in the *Centralblatt für Chirurgie* of a locomotive engineer, who had sustained an apparently slight injury in a collision, followed by concussion. After a reasonable time he recovered and was re-employed, and a very short time thereafter he dropped dead on his locomotive.

It is impossible in the short time allowed to me to state completely the symptoms and course of cases of concussions of the brain or the cord, of railroad injuries, and I may reiterate the statement that those are not exactly different from such cases of other accidents, except in their intensity and their longer duration. The primary effects are due to molecular changes in the structure of the brain or cord, which gradually assume an inflammatory character, with the usual results.

Concussion of the brain will be at once apparent by the unconscious condition of the patient; recovery from this probably occurs oftener than from a concussion of the spine, which begins so insidious as to make a diagnosis at once impossible.

Not long ago a patient was brought into the County Hospital in an unconscious condition, bleeding from the ears, and suffering from anæsthesia of legs and arms, who was struck by a locomotive. The case was diagnosed fracture at base of cranium. He remained in this unconscious condition for about a week, when improvement began; at first in his physical and

later in his psychological condition, which latter, however, has so far made but slow progress. Physically he is now in a fair way of recovery, while his mental faculties are still unsettled. From the course of his malady I have reason to infer that he never had his skull fractured, but that he merely suffered from concussion of the brain. The ultimate result of this case it will be impossible to foretell. As slight concussions of the spine are often followed by serious sequellæ, so concussions of the brain may, and often do, result in softening, chronic inflammation, etc., etc.

The slow-proceeding symptoms following concussion of the spine are frequently named "railroad spine"; with the same right we may style that condition of the brain following a similar lesion, "railroad brain". As to fracture of the skull and vertebræ or dislocations and wrenches of vertebræ and their consequences, they are sufficiently dealt with in every text-book. I merely state, however, that fractures of skull and vertebræ are frequently depressed, and therefore their symptoms and course generally very serious. Fractures of limbs are mostly compound and comminuted, and as a great many of such injuries are due to being run over by the wheels of the immensely heavy locomotives or cars, which may weigh hundreds of tons, the parts are often frightfully crushed. But if the patient was fairly protected at the time of the accident by heavy clothing and boots, the gravity of the injury may not be easily estimated from mere inspection, and the history of the case must be in a great measure the surgeon's guide. The heavy weight of the locomotive or cars, or the velocity of the running train and the distance fallen, if the patient was thrown from such a train, must be well considered. The surface may not show any evidence of the crushed blood-vessels below, the pain may not be very great and the case may not at once present such an appearance as to justify a capital operation and a conservative treatment seem to promise good results. After a few days, however, discoloration and swelling in the injured parts will appear, which may, perhaps, at first be considered marks of contusion (ecchymosis), the inflammation increases, the temperature rises, the redness changes for blue and finally for black, with blistering, and gangrene in its worst features destroys all your expectations

of conservative surgery. But now, alas, it may be too late to save the life of your patient, even with an amputation.

Such cases are by no means rare; some of them have been sent to me for further treatment who were perhaps injured far away from here and sent here with temporary bandages. Whenever they showed the least sign of gangrene I have refrained from operating and allowed the gangrene to run its course until the well-marked line of separation had taken place, which, however, sometimes never did show and the patient perished before I could surgically interfere. I am convinced that the stump of a limb which was amputated when gangrenous and before the line of demarkation had formed will always be gangrenous again in crushed railroad cases, as generally the injury of the arteries reaches very high up. Even amputations performed before any symptoms of gangrene were present are frequently followed by this terrible disease.

Another class of injuries due to railroad accidents, which fortunately are not as frequent as those mentioned, are scalds and burns. Engineers and firemen are occasionally the victims of scalding by the steam of the boiler during a collision or a ditching of the train, and the passengers of the sleepers may be aroused by the most frightful accidents, finding themselves enveloped in flames with poor chance of escape. As I have stated about the other injuries, I may also state again about these of fire and steam caused on the railroad, that they are generally of a very serious character, usually of the third degree. Cutis, muscles, tendons, and even sometimes bones, are boiled or charred, and the course of such injuries is either very short, ending fatally, or of a long, protracted nature, in which case the surgeon will always find a good field for plastic surgery.

Whenever a surgeon is called to a railroad collision he will get very little time for questions; he is usually telegraphed for to get at once on a special train to attend to the injured at the wreck and he is expected to be thoroughly prepared for everything. In such cases I start with a set of splints, plaster, a pocket case and an abundance of absorbent or antiseptic cotton and plenty of iodoform. With the cotton and iodoform I dress almost all injuries, whether cut, torn or burnt, as dry antiseptic dressings give better results than all the lotions

and oily applications. Of course capital operations cannot be performed on the open field, and particularly not in the night, and the patients are usually transported as soon as possible to the hospital or to their homes.

From these remarks you may now infer that railroad injuries should be thoroughly understood by every practitioner, and that therefore it would be wise if future authors of surgical works would pay some attention to this matter, for this special practice requires, more than any other branch of surgery and medicine, the quick perception and resolute action on the part of the practitioner. Besides this, it is also expected that he be thoroughly competent to give a correct and expert opinion about such injuries in courts of justice.

Railroad companies usually have a number of surgeons in their employ, some in their hospitals and others at the various stations, and these are expected to be fully acquainted with all the details necessary to their duties. But it would also be extremely useful if those surgeons would instruct the regular employés on the various trains, to enable them to render some practical service at once in cases of emergency. And to this end I would recommend that every train should be provided with some of the most necessary apparatus to dress wounds, etc. There ought to be on board a package of some simple material for temporary splints, a roll of adhesive plaster, a few ounces of iodoform and several pounds of absorbent or antiseptic cotton, and many a case might be materially benefited at once.

SOME time before his death the late Dr. James G. Wakley made a special request that the following confession of faith should be introduced into any notice of his life which might appear in the pages of the *Lancet*: "Feeling my deep responsibility to God for the position in which, in His providence, He has placed me, I desire to testify to the comfort derived during my sickness from a lively faith in our Lord Jesus Christ, and that I die in the sure hope of a glorious resurrection."

The members of the Board of Censors of the Los Angeles County Medical Society for 1887 are Drs. Walter Lindley, T. J. McCarty and Wm. Le Moyne Wills.

THE SOUTHERN CALIFORNIA PRACTITIONER.

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Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

A VOICE FROM TWENTY-THREE CENTURIES AGO.

"WHOSOEVER wishes to investigate medicine properly should proceed thus: In the first place to consider the seasons of the year, and what effect each of them produces (for they are not all alike, but differ much from themselves in regard to their changes). Then the winds, the hot and the cold, especially such as are common to all countries, and then such as are

peculiar to each locality. We must also consider the qualities of the waters, for as they differ from one another in taste and weight, so also do they differ much in their qualities.

"In the same manner, when one comes into a city to which he is a stranger, he ought to consider its situation, how it lies as to the winds and the rising of the sun; for its influence is not the same, whether it lies to the north or the south, to the rising or to the setting sun. These things we ought to consider most attentively, and concerning the waters which the inhabitants use, whether they be marshy and soft, or hard, and running from elevated and rocky situations, and then if saltish and unfit for cooking; and the ground, whether it be naked and deficient in water, or wooded and well watered, and whether it lies in a hollow, confined situation, or is elevated and cold; and the mode in which the inhabitants live, and what are their pursuits, whether they are fond of drinking and eating to excess, and given to indolence, or are fond of exercise and labor, and not given to excess in eating and drinking.

"From these things he must proceed to investigate everything else. For if one knows all these things well, or at least the greater part of them, he cannot miss knowing, when he comes into a strange city, either the diseases peculiar to the place, or the particular nature of common diseases, so that he will not be in doubt as to the treatment of the diseases, or commit mistakes, as is likely to be the case provided one had not previously considered these matters. And in particular, as the season and the year advances, he can tell what epidemic diseases will attack the city, either in the summer or in the winter, and what each individual will be in danger of experiencing from the change of regimen."

Possibly no more pointed article upon the importance to the physician of a careful study of the physical surroundings of disease could be written, than this which comes to us across the silence of twenty-three centuries from the lips of Hippocrates. It is the keen, clear thought of a man living centuries in advance of his times. With its occasional quaintness of diction, it is so full of the spirit of modern scientific research that we might almost imagine it to be an extract from a 19th-century Board of Health report. With this man disease was no thing of necromancy, or of the casting of spells, or of the evil eye; neither was it a thing to be cured by the king's touch, nor by

prayers and incantations, nor by saints' bones. These things were to be reserved for the centuries of ecclesiastical darkness which were to follow. With him disease was an entity, having back of it a definite cause; and if the cause were not found, it was not that there was no cause, but that the search had not been in the right direction.

The extract serves as a fitting text for the sermon which the editor wishes to preach, viz.: The importance to the physician of this careful study of the physical surroundings of disease. Without such study no man can be a well educated physician, nor can he be thoroughly equipped for the battle with disease. Many diseases will be caused by the physical surroundings; many others, coming in epidemic form to a locality, will have their epidemic type modified and shaped by such surroundings, and this again will lead to change in the manner of treatment. Then, too, the physician should be well versed as a mere man of science in the natural history of disease. It is not enough that he should know how to give quinine for malarial fevers. He should know the natural history of malaria, the causes producing it, the localities which are its haunts, the seasons favoring its development. He should know its habits and its habitat. He should be a naturalist, tracing out nature's laws and their workings, not a mere workman hammering blindly and uninquiringly in her workshop. Yellow fever should be to him not simply a plague dropping down occasionally upon a village on the lower Mississippi, but a thing of wide-spread existence, working under far-reaching and well-defined laws, as much to be studied in its causation and its final results as some great ocean current, which changes the climatic aspect of the face of a continent. Cholera to such a one ceases to be only an occasional outbreak of some Western town, and becomes a part of a vast epidemic influence starting at intervals of years from the deltas of the great rivers of the Deccan, as its home, and taking in the circuit of the world in its malign march. Such a physician ceases to be merely the wondering countryman gazing in amaze at the falling fire-ball, but becomes instead the clear-eyed astronomer searching out and laying down the law of meteorites.

Brethren of the Guild, we plead for a broader culture. Let us not rest content to be artizans. There is a broader and ever-broadening field beyond. Perchance, in that other world.

we may meet, as Socrates dreamed, the shade of Hippocrates, and feel his reproachful eyes saying to us, "Ah! if I could have had those twenty-three centuries!"

NEW YORK CORRESPONDENCE.

THREE LAPAROTOMIES BY T. GAILLARD THOMAS. ALEXANDER'S OPERATION BY CHAS. CARROLL LEE.

OCTOBER 1, 1886, I saw T. Gaillard Thomas perform two ovariectomies at Woman's Hospital.

All the instruments when not in the hand of the operator lay immersed in carbolized water. This plan was strictly followed in all laparotomies I witnessed.

An incision four and one-half inches long was made between pubes and umbilicus. Peritoneum raised out of the cavity with tenaculum and cut open. Patient then turned on her side and large trocar plunged into the tumor. Over 20 quarts of fluid poured into the tub beside the table. Dr. Thomas then pulled out the empty cyst with about the same apparent care that a cook would use in pulling an empty bag out of a flour chest. He then used the quadruple ligature, after which he cut and returned pedicle to the abdomen. He then brought out other ovary, found marked evidence of disease and removed it. He next vigorously cleansed the abdominal cavity with elephant-ear sponges. A long cat-gut suture was then used, with which, by means of uninterrupted sutures, he first closed peritoneal wound, then stitched up muscular layer, and last, with the same suture, stitched up the skin, thus making three lines of sutures—peritoneum, muscle and skin.

We then went into another cottage, where there was a woman with greatly distended abdomen. Dr. Thomas said ascites had been diagnosed in this case and the woman had been tapped and discharged from a hospital. He said he believed in giving the woman a chance for her life. He didn't know what he would find, but felt that he was justified in making an exploratory incision rather than doom the woman to a certain and early death. On incision, he found an unilocular cyst. Removed about forty quarts of fluid, then removed cyst as in other case. Found other ovary very much

atrophied; said it wasn't worth doing anything with, and left it alone. The abdominal wound was then closed.

It was thirty-eight minutes from the time we went into the first cottage to see the first operation until we came out of the second cottage after second operation was completed.

T. Gaillard Thomas, Woman's Hospital: nulliparous patient, aet. 31. Made exploratory incision; some ascites. Turned patient on side and plunged trocar into tumor. About two gallons of thick, gelatinous fluid escaped. Then found the tumor to be an immense adherent colloid mass of sarcomatous nature. Incision was enlarged and Dr. Thomas began removing tumor with hand. It was a bloody operation and many vessels had to be tied. The operation was finally completed and the woman rallied perfectly. This was the last operation I saw Dr. Thomas perform. As a diagnostician and ovari-otomist, he is the recognized chief in New York. He is pre-eminent. He is also a very entertaining clinical instructor. He is a man of fine presence and commands the attention, confidence and devotion of his students.

ALEXANDER'S OPERATION.

Dr. Chas. Carroll Lee, Woman's Hospital: Multipara, aet. thirty-six years; procidentia. Last two pregnancies has gone through latter half with uterus procident. Gave birth to child with uterus outside of body. She has been operated on twice by excision of vaginal tissue. Dr. Lee said that he believed that a repetition of the operation of shortening the vagina useless, consequently he would elevate the uterus and shorten the round ligaments, as devised by Mr. Alexander, of Liverpool. First pushed up the uterus as far as possible, with Albert Smith pessary, and antverted it. Incision from spine of pubis two and one-half inches long. After cutting through skin and adipose tissue, dissected with handle of scalpel, then ran finger along until he found edge of external oblique. Then drew out adipose tissue and attempted to find muscular fibres of round ligament. Finally gave it up and made a similar incision on left side and found the ligament readily. Gradually drew out slack portion of ligament in a torsion-like manner with forceps. He then returned to right side and readily found that ligament. Said an operator had to avoid making violent traction or he would break ligament. He drew

the ligaments out as far as possible without tearing, then introduced sutures and excised protruding portion of ligament, sprinkled iodoform in wound and stitched up with silk. During the operation assistant held womb well up in pelvis with sound so as to make ligament slack.

This operation has been performed nearly 200 times. Dr. W. M. Polk, of the University of New York, has operated oftenest in America. Many leading gynecologists are incredulous about the benefits of Alexander's operation. Dr. F. P. Foster, of the *New York Medical Journal*, says: "The idea of the operation is purely and simply the artificial suspension of the uterus by structures which are not really ligaments and were not intended as such; sooner or later, these frail cords are sure to stretch under the weight of the heavy organ."

WALTER LINDLEY.

PROCEEDINGS OF LOS ANGELES COUNTY MEDICAL SOCIETY.

LOS ANGELES, Feb. 4, 1887.

THE President, Dr. F. T. Bicknell, in the chair.

Dr. A. McFarland, the retiring President, who was to have read a paper, was unavoidably absent, and the President called for verbal reports.

Dr. Walter Lindley reported

THREE PUERPERAL CASES.

Was called one morning to see a lady, where a midwife was in attendance, and found a foot protruding from the valva, which he was told had been in that position all night. The woman was exhausted, and the external genitals very much tumefied. With ordinary manipulations, under anesthesia, he delivered the dead child; and the third stage of labor closed with no untoward circumstance, except slight post-partum hemorrhage, which was controlled by external manipulation. On the third night the patient had a severe chill, and when he was called to see her early in the morning, found a temperature of $105\frac{1}{4}^{\circ}$ F. The case went on to recovery. In the midst of this case of puerperal fever, he was called to attend a case of midwifery. The only precautions he took was change of external clothing, careful cleansing of hands, and bathing hands in

3 per cent. solution of carbolic acid. The third day after delivery this patient had a chill, followed by fever; and the next day he was called to attend another case of midwifery. This time he changed all clothing, scoured hands and finger-nails as before, and, in addition, bathed hands, beard and head with 1 to 2,000 solution of corrosive sublimate.

Was careful throughout attendance on the case to use the corrosive sublimate solution before making examinations. After the labor he ordered vaginal suppositories, containing half drachm each of iodoform, one of which he introduced each day after child-birth for five days. This case had no abnormal puerperal symptoms, and made a quick recovery.

He said these cases really, of themselves, taught nothing, but, taken with the reports of many European and American obstetricians, indicate that we should at least give antiseptic midwifery a careful investigation.

As an incident in the treatment of these two cases, he related his happy experience with

ANTIPYRENE IN PUERPERAL FEVER.

His manner of employing it was to prescribe it in solution in water, ten grains to a drachm, and when he found the temperature 103° , 104° or 105° in the morning he would tell the nurse to give a teaspoonful every hour until the fever had subsided or she had given six doses; and in every instance after this course of treatment he would in the evening find his patient bathed in a gentle, warm perspiration, and with a temperature of 100° , or a fraction less. He never saw any prostrating effects from its use.

Dr. T. J. McCarty inquired if any members knew whether the use of sewage as a fertilizer had caused any sickness?

Dr. Bicknell said

THE SEWAGE OF LOS ANGELES HAD BEEN UTILIZED FOR FERTILIZING

purposes for fourteen years. That it was carried in a large sewer for four miles, and was then, by means of irrigating ditches, carried to a number of farms. The only disinfectant used was earth. Each farmer having it plowed under as soon as received. The city of Los Angeles has about sixty thousand inhabitants, and its sewage was a source of wealth to the owners of many hundreds of acres of land. Dr. Bicknell said

he had watched closely, in the neighborhood where the sewage was used, for evidence of diphtheria, scarlet fever, or typhoid fever as a result, but had seen none whatever that could be traced to sewage as a cause.

He said this plan of utilizing the sewage had been at first bitterly opposed by many, who now acknowledged that after these many years they could see no ill effects from its use. He believed sewage as a fertilizer was the true solution of the problem.

The most interesting report of the evening was by Dr. Geo. C. Brown, of Wilmington, Cal., who gave an account of an

EPIDEMIC OF SCARLET FEVER.

This report was considered of such value that, at our request, Dr. Brown has consented to contribute an article on the subject for the April number of the SOUTHERN CALIFORNIA PRACTITIONER.

Dr. Ybirrando reported some cases of pharyngitis that he had been treating; and apologized for his lack of familiarity with the English language, saying he had only been here a short time from Madrid, Spain.

Dr. N. H. Morrison said where he was practicing, in Kansas, there was a village where the Russian element predominated, and they built a school-house, where for a floor they first put one thickness of board, and then a layer a foot thick of manure, and then another thickness of boards; the result was, that almost simultaneously fifty school children were attacked with diphtheria, and twenty-five per cent. of them died.

Dr. E. T. Shoemaker inquired of Dr. Brown, whether, in the cases of dropsy following scarlet fever, he used pilocarpine or jaborandi? Dr. Brown answered, that he would have preferred pilocarpine; but not having it, he used fluid extract of jaborandi hypodermically with good results, and without any abscesses.

Dr. J. W. Grosvenor, of Buffalo, N. Y., said he was interested in the proceedings of the Society; that he believed the greatest preventive of puerperal diseases was absolute cleanliness. That instead of using antipyrene, as Dr. Lindley had, he would use veratrum viridi. That this drug had a peculiarly happy effect in cases of metritis and pneumonia. He said the medical profession was neglecting one of its best friends when it quit using veratrum viridi.

Dr. Kurtz said he agreed with Dr. Grosvenor in regard to the value of *veratrum viridi*. He used it with the best results in puerperal fever, pneumonia, and in certain cases of typhoid fever.

Dr. Kurtz said he didn't believe manure was the cause of zymotic diseases. In a European village a big pile of manure had to be in front of the parlor window before the occupants really felt at home. On being quizzed, as to whether he would like for a child of his to go to school where there was a layer of manure a foot thick under the floor, said he would object, not on account of health, but for purely æsthetic reasons.

Dr. Follansbee reported an interesting case of retained placenta, following abortion, where there was fever, vomiting and diarrhea, and every appearance of a bad result, when in twelve hours all of these symptoms disappeared, and the patient quickly recovered.

Dr. Cohn said a number of uneducated so-called doctors in Los Angeles were signing death-certificates, and that the Health Officer accepted the certificates of these quacks. Dr. Cohn said he believed every such case should be referred to the Coroner for investigation.

Dr. Will Lindley said Dr. Townsend, a Los Angeles dentist, was using peroxide of hydrogen, as an antiseptic in alveolar abscesses. He wished to know whether any members of the Society were using it.

Dr. McGowen said he had used peroxide of hydrogen himself, and had seen it used extensively in Paris. He believed that there were other antiseptics more reliable. He said his preceptor taught him to always use *veratrum viridi* in any case that would indicate bleeding. He said this drug did away with the lancet.

He said one member had spoken of washing his beard. No physician should wear a beard. He said, when a child, he caught scarlet fever from a physician's beard. If a physician must wear a beard on account of sore-throat, then let it be clipped short, in the Norman style. (Referred to Dr. Shrady.)

Dr. Bicknell, in conclusion, told of cases of puerperal fever that he had attended; and then, without any precaution further than thorough cleanliness, he had attended cases of midwifery, and not carried the poison. He would now advise the

antiseptic precautions; but we must not feel that this question is entirely settled.

Drs. Talbot, Orme, Cole and Seeber also participated in the evening's discussion, but made no special reports.

SPECIALS.

DR. G. A. WOOD, Long Island College Hospital, 1875, has begun the practice of medicine in Los Angeles.

Dr. Patton, Cooper Medical College, 1885, of San Buena-ventura, paid the PRACTITIONER a pleasant call a short time since.

Dr. Alfred H. Lindley, Jefferson Medical College, 1850, an eminent practitioner of Minneapolis, is visiting relatives in Los Angeles.

Dr. John Herrmann, University of Tübingen, Wurtemberg, Germany, 1859, a prominent physician of Logansport, Indiana, paid the PRACTITIONER a pleasant call recently.

Dr. R. H. Alexander, graduate of Jefferson Medical College, 1850, Medical Director Department of Arizona, with rank of colonel, is now stationed at Gen. Miles' headquarters in Los Angeles.

D. W. Hand, M. D., University of Pennsylvania, 1856, President of the Minnesota State Board of Health, and an eminent practitioner of St. Paul, Minnesota, has been spending a few weeks in Los Angeles.

At the last regular quarterly meeting of the Southern California Odontological Society, a resolution was adopted petitioning the Governor to appoint J. C. McCoy, D. D. S., of Orange, as a member of the State Dental Examining Board. The personnel of the society is such as can leave no doubt as to the fitness of Dr. McCoy for this position. He is a graduate of one of the leading dental colleges and a progressive and enthusiastic member of the dental profession. The Society, in thus honoring him with their recommendation, also honors itself by selecting a man so eminently qualified for such a position. It is to be hoped that the Governor will make the prayer in accordance with the prayer of the Society.

A physician must be a close observer of facts. Without this faculty he cannot be an able physician or surgeon.

Dr. Martin Hagan, Health Officer of Los Angeles, made a hurried professional visit to St. Paul, Minnesota, last month.

Dr. W. A. Tenney, University of Vermont, 1877, was in Los Angeles recently taking orders for books, instruments, etc., in the interest of the well-known firm of Wm. S. Duncombe & Co., 425 Sutter St., San Francisco.

Mr. Wm. A. Robinson, of the well-known drug house of Messrs. R. A. Robinson & Co., made Southern California a pleasant visit last month. His firm was established forty-five years ago in the beautiful city of Louisville and has since enjoyed a steady increase of business. We refer the readers of the SOUTHERN CALIFORNIA PRACTITIONER to Mr. Robinson's advertisement on another page. A fair trial will show that his goods are equal to the claims made for them.

Just as the PRACTITIONER goes to press we receive advance sheets of the third edition of the Medical Register of California, prepared by Dr. R. H. Plummer, Secretary State Board of Examiners. A large number of copies will be sent to Dr. D. Granville McGowen, Secretary of the Los Angeles County Medical Society, for gratuitous distribution among the members of the regular profession in Los Angeles county. The secretaries of the societies in all counties in California will be similarly supplied. We shall notice the Register more fully in the April PRACTITIONER.

On and after April 1, 1887, DR. MAY'S QUIZ-CLASSES, preparatory for the U. S. Army, Navy and Marine Hospital, General Hospital and Civil Service Medical Examinations, will be conducted conjointly by himself and by *Dr. Charles F. Mason, Asst. Surg. U. S. Army.* This addition has become desirable owing to the great success of the classes, as evidenced by a membership in all classes of over one hundred men during the last three years, with less than five percent. of failures. The classes will be conducted as heretofore, and the course of instruction will be made still more advantageous by additional facilities, such as Practical Instruction and Attention to General Educational Branches. *Quizzing by Mail.* For particulars address DR. C. H. MAY, 202 East 58th St., New York, N. Y.

BOOK REVIEWS.

ELEVENTH REPORT OF THE STATE BOARD OF HEALTH OF MINNESOTA, 1884-86.

This report reflects credit on Dr. Hand, the President of the Board, as well as on the profession at large of the North State. It shows a progressive spirit.

THE SOUTHWESTERN MEDICAL GAZETTE, a Monthly Journal of Medicine and Surgery, edited by M. F. Coomes, A. M., M. D., and J. B. Marvin, B. S., M. D., Louisville, Kentucky.

We acknowledge the receipt of No. 2, Vol. I, of this candidate for professional favor. It is bright, scientific, entertaining and in every way creditable to the profession of the delightful city from which it emanates.

DRUGS AND MEDICINES OF NORTH AMERICA. A Quarterly devoted to the Historical and Scientific Discussion of the Botany, Pharmacy, Chemistry and Therapeutics of the medicinal plants of North America; their constituents, products and sophistications. Cincinnati, J. N. and C. G. Lloyd, publishers. Terms, \$1 per year.

This journal is ably edited, elegantly printed and graphically illustrated.

REMOVAL OF THE UTERINE APPENDAGES. Nine consecutive cases by Mary A. Dixon Jones, M. D., Gynecologist to the Woman's Hospital, Brooklyn, N. Y. Reprinted from the *New York Medical Record*.

This successful surgeon knows how to put progressive thoughts in aggressive language, and closes this very interesting paper as follows: "There is no advance made in modern surgery that will do more good, save more lives, or relieve more suffering, or add more to the sum of human life or human happiness than this one operation, known as Tait's operation."

LACTOPEPTINE MEDICAL CALENDAR, 1887. New York Pharmaceutical Association.

A rich mine of important facts tersely told.

NUTRITIVE AND DIETETIC VALUE OF MALTINE. Maltine Manufacturing Co.

ELEVEN CASES OF PHTHISIS TREATED BY INTRA-PLUMONARY INJECTIONS OF CARBOLIZED IODINE. By John Blake White, physician to Charity Hospital, New York. Reprinted from the *Medical Record*, May 22, 1886.

Doctor White says in conclusion: "This plan of treatment enables the physician no longer to stand with folded arms, awaiting for his patient the inevitable end, but puts in his hands the means of prolonging and sometimes saving life."

THE HEALTH RECORD—"A MOVEMENT-CURE JOURNAL."
 Edited by Mark S. Purdy, B. S., M. D., Corning, N. Y.

SOME REMARKS ON THE DIAGNOSIS AND TREATMENT OF
 SPASMODIC STRICTURE. By John Blake White, M. D., Physician
 to Charity Hospital, New York. Reprinted from *Journal of Cutane-
 ous and Genito-Urinary Diseases*.

NOVEL METHODS OF TREATING DISEASES OF THE MID-
 DLE EAR. By Seth S. Bishop, M. D., Chicago. Reprinted from
Journal American Medical Association.

SUMMER AND WINTER IN GEORGIA. By H. T. Gatchell, M. D.,
 Atlanta, Georgia.

REPORT ON DISEASES OF THE RECTUM. By Joseph M.
 Mathews, M. D., Louisville, "practice limited to diseases of the
 rectum."

STERILITY: MANAGMENT OF THE SECUNDINES. By Wm. H.
 Wathen, M. D., "practice limited to diseases of women and children."

LAPAROTOMY AS A DIAGNOSTIC RESOURCE. By T. Gaillard
 Thomas, M. D., Clinical Professor of Diseases of Women in the Col-
 lege of Physicians and Surgeons, New York. Reprinted from *Medical
 News*, December 11, 1886.

THE LOCAL TREATMENT OF PULMONARY PHTHISIS, BY
 MEANS OF A NEW INSTRUMENT. By Geo. A. Evans, M. D.,
 Brooklyn, N. Y.

RIVERSIDE, SOUTHERN CALIFORNIA, AS A HEALTH RE-
 SORT. By J. F. T. Jenkins, M. D., C. M., member of the College of
 Physicians and Surgeons, Province of Quebec, Canada; member of
 the Medico-Chirurgical Society of Montreal, etc. Reprinted from the
Canada Medical Record.

NEW LICENTIATES.

SAN FRANCISCO, February 9, 1887.

At special meetings of the Board of Examiners, held Jan-
 uary 10th and 13th, 1887, the following physicians were granted
 certificates to practice medicine and surgery in this State:

Wm. E. Conlan, San Francisco, Medical Department of the
 University of California, December 3, 1886.

George Corcoran, San Francisco, University of Glasgow,
 Scotland, April 29, 1849.

Andrew J. Dean, Haywards, Medical Department of the Uni-
 versity of California, November 7, 1881.

John R. Doig, San Diego, College of Physicians and Sur-
 geons, Chicago, Ill., March 11, 1884.

Robert R. Dorsey, Los Angeles, Medical Department of the
 University of Pennsylvania, March 15, 1882.

M. E. Gonzalez, San Francisco, Cooper Medical College, Cal.,
 November 6, 1883.

Alfred B. Gregory, San Luis Obispo, Jefferson Medical College, Penn., March 15, 1882.

Thomas Keefe, San Diego, Cooper Medical College, Cal., November 4, 1882.

Thos. H. Kingsley, Lower Lake, Medical Department of the University of California, December 3, 1886.

John Lagan, San Francisco, King and Queen's College of Physicians, Ireland, October 8, 1886; Royal College of Surgeons, Dublin, Ireland, July 29, 1886.

Ernst Lichau, San Francisco, University of Wurzburg, Germany, July 14, 1886.

Lois F. Mansfield, Santa Barbara, Women's Hospital Medical College of Chicago, Ill., February 29, 1876.

Jas. M. Mathewson, East Oakland, Medical Department of the University of California, November 10, 1882.

Wm. T. Maupin, San Jose, Jefferson Medical College, Penn., March 10, 1864.

Thos. J. McDonald, San Diego, University of Victoria, Canada, May 12, 1886.

B. A. Rabe, Oakland, Medical Department of the West. Res. University, Ohio, February 7, 1871.

M. Washington Ryer, San Francisco, Medical Department of the University of the City of New York, 1845.

Jacob P. Sargent, San Francisco, Bellevue Hospital Medical College, New York, May 1, 1886.

Chas. F. Taggart, Tulare, St. Louis Medical College, Mo., March 5, 1884.

Fred. W. Trull, San Francisco, Bellevue Hospital Medical College, New York, March 15, 1886.

Aug. H. Warren, Los Angeles, Medical Department of the University of the City of New York, March 6, 1886.

G. W. Zimmerman, Woodland, Medical College of Ohio, O., March 2, 1868.

At the regular meeting of the Board, held February 2, 1887, the following physicians received certificates to practice medicine:

Frank B. Elwood, M. D., Alhambra, Kansas City Medical College, Mo., March 7, 1882.

Edgar D. Seaman, M. D., Wilmington, The College of Physicians and Surgeons of the City of New York, N. Y., October 2, 1883.

Silas E. Morse, M. D., San Lucas, Medical Department of the University of Kansas City, Mo., March 2, 1882.

Willard N. Smart, M. D., San Diego, Long Island College Hospital, N. Y., June 22, 1871.

At a special meeting, December 8, 1886, the application of R. E. Foley, of Janesville, was rejected, because of insufficient credentials.

At a special meeting, held January 13, 1887, the application of Wm. H. Sommers, of Moore's Station, was rejected, because of insufficient credentials. He presented to the Board a long affidavit, asserting that he graduated at the Chicago Medical College; but the records of that institution showing that he did not graduate there, he subsequently wrote a letter to the Board admitting the falsity of his affidavit.

The application of Chalmer M. C. Prentiss, of San Francisco, who calls himself in his advertisements "Dr. Prentice," was rejected at a special meeting of the Board, held January 26, 1887, because of unprofessional conduct. Pending the investigating of his case before the Board, he sued out a writ of mandate in the Superior Court to compel the issuance of a certificate. The suit terminated in favor of the Board.

R. H. PLUMMER, Secretary.

PLACEBOES.

A VICTIM OF THE COGAIN HABIT.—Dr. William A. Hammond a few months ago married Miss Esther D. Chapin, of Providence, R. I., who has just fallen heir to the income of between \$300,000 and \$400,000. This bequest comes to Mrs. Hammond by the death of her second cousin, Major Daniel W. Lyman, of Providence.

A Los Angeles surgeon recently prescribed some rectal suppositories for an old soldier. The next morning the doctor called on him and asked how he was. He answered: "First rate, doctor; but them catridges was mighty hard to swallow. I got 'em down, though."

AN old timer in Los Angeles was consulting his doctor on account of a chronic diarrhea, when he was told that it was his way of living—his bad habit. "Yes, that's so, doctor; the chronic diarrhea is a very bad habit."

**MONTHLY METEOROLOGICAL SUMMARY OF THE U. S.
SIGNAL SERVICE, LOS ANGELES STATION, FOR
JANUARY, 1887.**

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.
Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.
Los Angeles, California. Month of January, 1887.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & Hundredths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	30.063	63.3	76.9	53.1	.00	Mean Barometer, 30.061
..... 2	30.025	64.6	79.6	54.5	.00	Highest Barometer 30.303, date 28.
..... 3	29.993	62.6	75.8	45.2	.00	Lowest Barometer, 29.765 date 7.
..... 4	30.090	62.7	75.9	49.8	.00	Monthly Range of Barometer, 438.
..... 5	29.977	58.2	72.0	46.0	.00	Mean Temperature, 55.4.
..... 6	29.988	58.7	72.7	45.0	.00	Highest Temp'ture, 79.6, date 2.
..... 7	29.877	51.9	64.5	38.8	*.—	Lowest Temperature, 33.1, date 12
..... 8	30.097	51.8	61.8	39.3	*.—	Monthly Range of Temperature, 46.5
..... 9	30.151	54.1	65.5	43.8	.00	Greatest Daily Range of Temper- ature, 37.5
..... 10	30.106	49.9	63.3	36.3	.00	Least Daily Range of Tempera- ture, 15.9
..... 11	30.076	52.0	65.0	35.2	.00	Mean Daily Range of Tempera- ture, 25.1
..... 12	30.100	49.0	60.5	33.1	.00	Mean Temperature this Month
..... 13	30.094	51.8	62.5	40.3	*.—	1879.. 52.2 1882.. 49.4 1885.. 53.9
..... 14	30.111	55.0	65.1	42.3	*.—	1880.. 51.3 1883.. 53.5 1886.. 54.7
..... 15	30.063	52.3	62.3	40.1	*.—	1881.. 51.7 1884.. 53.9 1887.. 55.4
..... 16	30.092	55.3	65.0	49.1	.00	Mean Daily Dew Point, 43.2.
..... 17	30.203	60.0	73.0	43.5	.00	Mean Daily Relative Humidity, 66.3
..... 18	30.100	59.3	74.0	46.2	.00	Prevailing Direction of Wind, NE
..... 19	29.999	51.4	60.1	41.5	.11	Total Movement of Wind, 4379 miles.
..... 20	29.932	54.0	61.9	45.4	.09	Highest Velocity of Wind and Direction, 24., NW.
..... 21	29.939	50.3	58.8	40.3	*.—	Total Precipitation, .20
..... 22	30.125	53.5	65.3	40.5	*.—	Number Days .01 inches or more Rain fell, 2.
..... 23	30.225	56.9	71.0	43.5	.00	Total Precipitation (in inches and hundredths) this Month
..... 24	30.680	56.5	69.1	43.8	.00	1879.. 3.59 1882.. 1.01 1885.. 1.05
..... 25	30.038	55.1	73.8	36.3	*.—	1880.. 1.73 1883.. 1.62 1886.. 7.78
..... 26	30.029	57.4	67.8	46.4	.00	1881.. 1.43 1884.. 3.15 1887.. .20
..... 27	30.034	54.1	62.0	45.2	.00	Number of Foggy Days, none.
..... 28	30.257	54.2	67.5	38.3	.00	" " Clear " 21
..... 29	30.193	54.3	69.8	40.2	.00	" " Fair " 10
..... 30	30.030	57.7	73.5	42.3	.00	" " Cloudy " 0
..... 31	29.891	50.6	63.5	37.3	.00	Dates of Auroras, none.
						Dates of Solar Halos, 1.
						Date of Lunar Halos, none.
						Dates of Frost--Light, 7
						Killing, 10, 11, 12, 25, 28, 29.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

th — indicates precipitation inappreciable.

GEORGE E. FRANKLIN,

Sergeant Signal Corps, U. S. Army.

NOTES: Barometer reduced to sea level and standard gravity. The dash (—) indicates precipitation inappreciable.

SPECIALISM RUN WILD.—A Los Angeles doctor was attending a case of cerebro-spinal meningitis, when the father of the patient asked if he couldn't call in a consultant who made a specialty of that disease. This is a prophetic anecdote.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. II.

LOS ANGELES, CAL., APRIL, 1887.

NO. 4.

ORIGINAL.

VENTURA COUNTY AS A HEALTH RESORT.

BY R. E. CURRAN, M. D., SAN BUENAVENTURA, CALIFORNIA.

SOUTHERN California seems to have been designed for one vast sanitarium. Conditions favorable to longevity are nowhere more numerous or more happily combined. Land and ocean, mountain and valley, sunshine and shade, offer here their choicest benefactions to prolong the lives of the feeble and enhance the enjoyment of the robust.

These natural advantages, so fully and ably set forth in the December number of the SOUTHERN CALIFORNIA PRACTITIONER, are nowhere more fully manifest than in Ventura county. Lying between Santa Barbara and Los Angeles counties, it possesses all the desirable qualities of either, and is only less known to the world because difficult of access, a difficulty soon to disappear before the railroad now rapidly approaching completion.

Ventura county comprises an area of one and a quarter millions of acres, of which about one-half million of acres is tillable, much of the balance being valuable for the herder and bee man. Its mountain ranges present scenery unsurpassed in variety and grandeur and enclose many beautiful valleys and sunny, sheltered nooks at any elevation desired by the valetudinarian.

It is one of the best watered counties in the State, having two rivers fed by numerous tributaries and springs which never fail. Though irrigation is not necessary for corn, beans and other crops, there is scarcely a farm in the county that cannot be easily supplied with abundance of water from natural sources. The mountain sides are covered with live oak, furnishing abundant fuel for years to come. It is *the* oil county of the State, and if, as some claim, pulmonary diseases

are benefited by the fragrance of crude petroleum, the assertion may be put to the test here.

The Nordhoff and upper Ojai valleys, the Matilija hot springs, the Camulos (home of Ramona), the Sespe, the Conejo, the wide and fertile expanse of the Santa Clara valley, all deserve something more than a passing notice, but it is not of the resources of the county, or its topography, that I wish now to speak so much as the town of San Buenaventura and its immediate vicinity.

Lying in a retiring curve of that eastward sweep of the coast which extends from Point Arguelo to the southern limits of the State, guarded by outlying islands from the ruder winds and waves is the county seat, San Buenaventura. Upon the west the Ventura river empties into the ocean and gives the town a never-failing supply of pure water. Upon the north the mountains crowd close upon the town, shielding it from the cold north winds, and rearing a shoulder on the northeast which turns aside the occasional hot east winds from the desert, while upon the south the "embayed shore is washed by the warmest waters of the subtropical sea."

Being so happily situated and so sheltered behind natural barriers, the climate is necessarily unusually even. There are none of those sudden changes of temperature so trying to weak constitutions, but the sunshine is so continual and variations so trifling that one must consult the almanac to distinguish winter from summer. "December's as pleasant as May," or more so. Daily the cool, salt sea breeze sweeps inland, bearing healing on its wings, purifying and tempering the heated air of the valleys. At night the winds are stilled, and thus the daily change of temperature is regulated to but a few degrees. The subject of temperature has been so thoroughly discussed and so frequently illustrated by tabulated statements in these pages of late that it is not necessary to follow that course in this article. Suffice it to say that the mercury seldom rises above 85° in the warmest day of summer and less seldom falls below 40° in the greatest severity of winter.

Rumors of frost and ice are sometimes heard, but after two years' residence, my practice calling me out at all times of the night and day, I must say that such rumors are without foundation in my experience. Without making invidious

comparisons, I wish to say that it is my belief that, owing to the peculiar situation of the town, the daily variations of temperature are less than in any other town on the coast. The population of the town is only about 2,000, but as the hillsides echo to the whistle of the locomotive, the real estate agent appears with his little boom and stirs us to anticipations of speedily assuming cosmopolitan proportions.

The attractions peculiar to Ventura are:

1st. A remarkable exemption from sudden changes of temperature, the result of exceptionally favorable surroundings.

2d. Charming variety of scenery, unsurpassed in grandeur.

3d. Ease of access to comfortable retreats among the mountains at any elevation under 4,000 feet, desirable for the treatment of pulmonary or other diseases and comprising such celebrated resorts as Nordhoff, the upper Ojai valley and the Matilija Springs.

4th. Being somewhat removed from the customary lines of travel, it not only offers to the tourist the charm of novelty, but also tempts the sportsman with abundance of game and fish. With these additions to the usual luxuriously profuse food supply of Southern California, the invalid has every inducement to exercise, eat, sleep and recuperate.

This hasty sketch can present but few of the attractions of Ventura county, but I hope in the near future to ask the further use of your pages for a short description of some of the particular features of this locality.

ENLARGED GLANDS AT THE BASE OF THE TONGUE.

BY W. D. BABCOCK, A. M., M. D., EVANSVILLE, INDIANA.

WHILE attending the clinics in Vienna my attention was called to a but seldom observed condition of the base of the tongue that caused throat symptoms. The condition was new to me and I can find but little about it in the books. It is that of enlarged glands at the base of the tongue pressing upon and sometimes seemingly overtopping the epiglottis. With the glandular enlargements is a varicose condition of the veins at the tongue's base. Which is dependent upon the other I was not able fully to determine. The symptoms complained of

were about as follows, as near as I could make out, my German being a little faulty :

They complain of a sticking in the throat, describing it as if a stick or straw were there ; a sense of fullness in the throat and a constant desire to swallow. They refer the trouble externally to the region of the vocal bands, pointing with their fingers to this place. At times a sense of difficult breathing without any difficulty is complained of. They have a cough of more or less severity. On examining the oral and pharyngeal cases I saw I could find nothing abnormal, but after my attention was called to this class of cases, by depressing the tongue very strongly I could see the condition fairly well. With the throat mirror one can best see the trouble. The vocal bands were normal, at times slightly pinkish.

Dr. Orvin, the assistant of Dr. Lennox Brown, of the Central Ear and Throat Hospital of London, called my attention to this class of cases, and after examining a number of patients I found two with this trouble. Dr. O. stated that Dr. Brown had during the past two years found this condition the cause of some obstinate throat cases. They are, says Dr. Brown, associated with hemorrhoids, and are not infrequent. In these two cases there was no such condition.

The galvano cautery was advised for treatment. The electrode is pressed down into the varicose veins in two or three places. This is done at intervals of four or six days until the condition disappears. In the cases under my care they claimed to be improved, but I did not get to see them to the end. From the effect of the treatment it would seem that the varicose veins were the cause and the enlarged glands or papillæ the effect.

But in the case of the famous Frau Galloe, of Vienna, a woman who is known to every one who has attended Professor Schrotter's throat clinic as the woman with an iron throat, she has large varicose veins at the base of the tongue caused by repeated examinations made by the different doctors who practice laryngoscopy on her. In her case there are no enlarged glands.

The literature upon this is scanty so far as I can find. Butlin in his work on the Tongue says: "Many of the warts and warty growths of the tongue undoubtedly owe their origin to hypertrophy of one or more of the natural papillæ of

the tongue, but I have met with one instance in which there was hypertrophy of certain of the papillæ all over the papillary aspect of the dorsum, with the production of tuft-like growths and which could not well be classed among the true tumors of the tongue." (Page 28.)

Harrison Allen in his "Anatomy" says: "The circumvallate papillæ divides the tongue into two portions, anterior two-thirds, posterior one-third. The posterior third lies within the pharynx, is rich in glands and is loosely covered by a thin, smooth mucous membrane." "The presence of large numbers of glands in the pharyngeal portion of the tongue would suggest the frequent occurrence of glandular lesions here." "The glands are frequently hypertrophied in persons disposed to tubercular disease and are at times the chief cause of irritative cough so noticeable in the first stage of phthisis." In the cases I saw there was no sign of phthisis. In one the cough was severe.

THE CAUSE OF TYPHOID FEVER AND ITS NEW SCIENTIFIC TREATMENT.*

BY D. MC SWEGAN, M. D.,

President of the San Diego County Medical Society.

GENTLEMEN: Our standard medical works state that the cause of typhoid fever is an infection, arising from sewer emanations and putrifying animal matter, and that it may be conveyed to the human body by water, milk, or infected air. Sewer-air, or large sewers do not cause typhoid fever, but a common hiding place of this cause is to be found in the small, obstructed and badly ventilated house-drains. The questions, then, which I will propound this evening are: 1. What is the typhoid infection? and, 2. The infection having gained access to our system, how shall we rid ourselves of it? These are living questions which medical science has been closely studying for the past two or three years, and in the solution of which a thousand hands are now busily at work, with tools so refined, methods of investigation so accurate, and minds so scientifically trained, as to challenge the admiration of the world.

* Read before the San Diego County Medical Society, February 4, 1887.

The different forms of infectious diseases which constitute the bulk of all cases of sickness are, according to the present standpoint of science, all caused by specific microbes. Before entering more fully on this subject, I consider it proper to give a crude classification of micro-organisms in general.

For our present purpose it will be sufficient to distinguish between fungi, cryptococci, and schizomycetes. The fungi and cryptococci rarely produce disease as compared with the schizomycetes. Under this head we recognize microbes which are continually identifying themselves with particular pathological conditions. They are known as the micrococci, or round form, the bacteria or oval-shaped, and the bacilli or rod-like. The micrococci are also specially designated according to the relation they assume to each other. When found in pairs they are called diplococci; in chains, streptococci; in bunches, staphylococci; in masses, zoöglœa.

Now, it is absolutely proven that we cannot have suppuration without the staphylococcus pyogenus. But we may have the staphylococci present and not have suppuration. In other words, they must be in sufficient numbers under conditions favoring the development and growth of their species before suppuration can occur. In like manner it has been proven that the existence of most infectious diseases depends upon the presence of a specific microbe. Thus, for instance, in anthrax we have the bacillus anthracis; in erysipelas, the micrococcus erysipelatus; in diphtheria, the micrococcus diphtheriticus; in pneumonia, the micrococcus pneumoniae; in scarlatina, the micrococcus scarlatinae; and a number of others, including that universal microbe, which has made the acquaintance of many unmarried men, and some married men, the gonococcus or micrococcus gonorrhœa. Now comes one of the latest microbes, claiming the attention of the scientific world, and the one in which we are particularly interested in the discussion of this paper — the germ of typhoid fever, known as the typhoid bacillus.

For our knowledge of this microbe we are largely indebted to such eminent pathologists as Koch, Pasteur, Gaffky, Simmond, Klien, and many others, but particularly to Klebs of Prague, and Eberth of Zurich. These bacilli stain freely with methyl-violet, and are described as rods of various lengths, forming filaments up to .05 m. m. long, and .0002 m. m.

thick, and as producing spores. When we come to consider the minuteness of these spores it almost seems to verify the truth of the old couplet

“Our fleas have other fleas to bite ’em
And so on *ad infinitum*.”

In patients dying from typhoid fever the characteristic bacilli have been found in accordance with the period of the disease from which death resulted in the following localities; (1) in the small intestines, in the crypts of Lieber, later in the interglandular tissue and in Pylers' patches, still later in the submucous cellular tissue and even in the muscular layer: (2) in the mesenteric glands; (3) in the spleen; (4) in the lungs, in the parts affected with hypostatic pneumonia; and (5) in the brain. At a regular meeting of the New York Pathological Society, held last December, Dr. Prudden presented three sets of cultivations of the typhoid bacilli. The first consisted of plate and tube cultivations from the feces of a patient thirty years of age in the third week of the fever; the characteristic growth being best shown on potato, where the bacilli form an almost invisible film. The second were tube cultivations from the spleen of a typhoid fever patient. The third were specimens obtained from Koch's laboratory, and consisted of three tubes containing bacilli. From a diagnostic point of view cultivations of this kind had considerable value.

The pathogenetic function of these bacilli has been abundantly proven by numerous and exact experiments within the past year. Professor Fraenkle, of Germany, made pure cultures of the bacilli obtained from the spleens of four different typhoid fever cases. These cultures he injected into mice, guinea-pigs, rabbits and doves, using from three to five minims of the gelatine culture fluid. Of the sixteen mice, all died and were found to have enlarged spleen and swollen Pylers' patches, whilst the characteristic bacilli were found in the blood. Of the seven guinea-pigs experimented upon, all died in from five to seven days. On post-mortem examination no peritonitis could be detected, but the spleen was found enlarged, the agminated glands throughout the intestines were swollen, one of them being actually ulcerated, and the mesenteric glands were also swollen. The characteristic bacilli were found in the intestinal wall and the spleen, and in some cases

slight capillary hemorrhages were noticed in the bowel. Of these animals five received the virus directly into the duodenum, while in two it was injected subcutaneously. The inoculated doves and rabbits were found to be not susceptible to the disease, the results on them being negative; but in the cases of the guinea-pigs and mice the results were positive. Within the past year there have been made numerous exact experiments, many of which will be brought to light at the coming International Medical Congress, all proving positive results. These experimental tests are convincing, because they furnish direct evidence by making in the primary and verifying experiments all things equal except the presence or absence of a certain kind of micro-organism. These micro-organisms are now obtained unadulterated with other material, that is, in pure cultivations. Gradually we become as well acquainted with their morphological and biological properties as we are with the chemical and physical properties of organic or inorganic bodies.

Now, if the addition of a certain microbe determines the result of one of two otherwise equal experiments invariably and correctly in a certain direction; if the microbe can be obtained again from the one animal, but not from the other; and if, in new experiments, it always brings about the same results, then we can say that the microbe is the cause of the phenomenon.

Now, gentlemen, with all due respect and veneration for the many trained and scientific workers who have given us such a galaxy of facts, furnishing such overwhelming evidence with all the force of fruitless experiment, I will now anticipate the action of the coming International Medical Congress, and proclaim that the typhoid bacillus is the specific germ of typhoid fever.

THE NEW TREATMENT.

Since the nature, pathology and cause of typhoid has gained such a foothold on true science, I believe that the day is not far distant when we will be treating this dread disease with scientific accuracy, and the basis of that accuracy may be expressed in one word—antiseptis. Antiseptis in surgery has produced results in wound treatment undreamed of a few years ago, and has made accessible to the surgeon regions which heretofore were considered clearly beyond his domain. Anti-

sepsis has practically rendered extinct those diseases depending on suppuration, such as pyæmia and hospital gangrene; and, while surgeons may differ as to the relative merits of different antiseptics, they all agree as to the underlying principles. When we look upon these grand results which have been accomplished in surgery, what may we not expect from the same source as we become more intimate with the true nature and cause of disease.

The microbial nature of typhoid fever having been demonstrated, the problem to be solved is, to find substances as deleterious as possible to the parasite, and as harmless as possible to the patient. A variety of substances and conditions are capable of exerting a detrimental influence on the life and growth of micro-organisms; amongst these are the presence of certain substances in the nutrient soil, the temperature, and some chemical products, especially those belonging to the aromatic series, and I will here state that nearly all the successful remedies, including antipyretics and antiseptics, or both, that have been used in the treatment of typhoid fever are derived from this series. The presence of certain substances in the nutritive soil is an essential condition for the growth and multiplication of micro-organisms. Thus pathogenic organisms cannot thrive if proteids or allied compounds and certain inorganic salts are absent, nor can they thrive in an acid medium. Here, then, is a strong hint for the use of acid drinks in the treatment of this disease, for as all the discharges of the patient are alkaline, thus furnishing the most favorable fluid for the growth of microbes, the use of acids is therefore curative. They are also useful in preventing both diarrhea and hemorrhage. Either the mineral or the vegetable acids may be used, and they can be administered per orem or per rectum, as the case might require.

I will now call your attention to the treatment of typhoid by the antipyretic method, of which Liebermeister, in his latest work in "*Ziemssen's Cyclopedia*," just published, says, that since its advent the mortality has been reduced fifty per cent. The same work also contains this paragraph: "It is interesting to note that most of the antipyretics belong chemically to the so-called aromatic group (derivatives of benzol), a group which at the same time yields many of our best antiseptics. Thus carbolic acid, salicylic acid, benzoic acid, kairine, anti-

pyrine, quinine and the other alkaloids of cinchonia are all of them members of this group. This fact tends to confirm a somewhat general belief that some, if not all, of our most efficient antipyretics owe this action to their antiseptic properties." As a logical conclusion to this reflection, I will venture to predict that in the future treatment of infectious diseases brilliant therapeutic triumphs will follow in the wake of the progressive development of this portion of the field of organic chemistry. Up to the present time medicine has been a progressive art, and while we acknowledge our indebtedness to empirical observation in its therapeutics, yet it is the vocation of the true physician to make it scientific.

We know that a continued high temperature will produce irreparable disorganization of the blood with perversion of tissue metamorphosis which would soon terminate the life of the patient. But if we can procure an agent that will reduce, or prevent, this hyperpyrexia, then an element of danger will be removed, and to that extent we can predict for our case a favorable prognosis. At present we have a number of such agents at our command, but at the head of them all stands ANTIPYRINE. Among the physicians of San Diego, with perhaps a couple of exceptions, this very important drug seems to be almost unknown, and for that reason I consider it proper at this time to give a short account of its history.

This drug first made its appearance in June, 1884, and since that time it has had a very wide field of trial throughout the world, but particularly so in Europe and this country. Numerous reports have been made of its efficacy, and the unanimous verdict is, that antipyrine is the safest, most certain, and the most powerful antifebrile drug that has ever been discovered. It is a white crystalline powder, slightly yellowish in color, and slightly bitter to the taste. It is readily soluble in alcohol and water, also in hot water. For its discovery we are indebted to an eminent German chemist, Dr. Knorr, of Erlangen. It is an artificial production of synthetical chemistry, and obtained by the processes of hydration, oxidation, and substitution from a hypothetical base called quinizine. Its chemical formula is $C_{26} H_{18} M_4 O_2$ and is known to chemists as dimethyl-oxy-quinizine. Owing to its unwieldly chemical name, one etymologically significant of its chemical

effect and therapeutical application has has coined for it. The word antipyrine is derived from two Greek words, *anti*, against, and *pyre*, fire, and secondarily against heat or fever; the termination *ine* is affixed to the word to signify that the drug is an analogue of the alkaloids.

In typhoid, antipyrine will not only lower the temperature, but will also reduce the frequency of the pulse. The pulse rate, however, is affected to a less extent than the temperature. It has little or no influence on the respiration; hence the process of oxygenation is not interfered with. It sometimes causes sweating, but not of a depressing nature, the perspiration being warm and natural. It will clean and moisten the furred tongue. It will not affect the action of the bowels, nor interfere with digestion, and it rarely disturbs the stomach. It has a soothing effect upon the brain, leaving the patient calm and tractable. Its elimination from the system is by the kidneys, it having been found in the urine.

Antipyrine is administered in doses of fifteen to thirty grains, to be repeated every hour or two, until the temperature is reduced to near the normal, or below the danger point of 103° F. It can be given per orem, or per rectum; or, if a more rapid action of the drug is desired, it may be administered hypodermatically, owing to its easy solubility.

The effect of antipyrine varies considerably in proportion to the severity of the disease; hence we must be guided in its administration, in regard to the dose and time, by the symptoms of each individual case. My own experience with this drug has been most satisfactory. I have been using it now for about a year and a half, but I seldom prescribe it alone, for as a rule I combine it with digitalis, or convallaria, or both, together with a little spiritus frumenti, in some aromatic menstrum. The heart tonics and stimulants are given to prevent heart fracture, which, after all, is the greatest danger to be feared in this disease. So long as we can preserve a reasonably full, regular pulse, and keep the temperature below the danger point, then can we look forward with confidence to a favorable prognosis.

Recently I happened to be called in consultation with Dr. Valle, the vice-president of this Society, in a couple of cases, where he carefully observed the practical working of this method, and as that gentleman has given it a faithful trial, I am pleased to state that he is now its ardent admirer.

Another important drug has just made its appearance on the medical horizon, and from recent reports of its efficacy as an antiseptic, it promises to fairly rival antipyrène.¹ It is known chemically as an acetanilide with the formula of $C_6H_5NHC_2H_5O$; but therapeutically it is known by the appropriate and expressive name of antifebrin. It belongs to the aromatic series, and is an odorless, whitish, crystalline substance, soluble in alcohol and alcoholic solutions. Drs. Kahn and Happ, of Strasburg, first called attention to it last August, since which time many clinical experiments have been made with it, and with the most gratifying results. No disagreeable after effects are met with in its administration, and, unlike most antipyretics, its action on the heart is tonic rather than depressant. In typhoid it is given in divided doses of one drachm in the twenty-four hours, until the temperature is reduced below the danger point. All the experimenters with this new drug are loud in their praises of its action and pronounce it a safe and certain antipyretic.

Thallin and kairine are also powerful antipyretics, but kairine has been condemned and abandoned as a dangerous and treacherous remedy. Other methods of reducing temperature have been recommended, such as cold baths, cold packs and tepid sponging, but in this country the cold baths and packs, on account of their inconvenience and frequent bad effects, have been practically abandoned.

Salicylate of bismuth and naphthaline might be classed as antipyretics, as they reduce temperature indirectly by disinfection of the intestines, but, as they are bactericides of great power, they would properly come under the head of true antiseptics. Professor Henri Desplats, of Lille, has reported a large number of cases of typhoid treated with salicylate of bismuth, and it is claimed by him to be the great desideratum. He even claims for it an abortive action if the remedy is administered in the prodromic stages. As this salt is sparingly soluble, Prof. Desplats claims that it escapes absorption in the stomach and is carried on to act on the bacilli in the diseased intestines. The ordinary dose was twenty grains, repeated three or four times a day.

Naphthaline has been largely used in the treatment of typhoid and has proved a remedy of inestimable value. It is one of the by products obtained in the distillation of coal for

gas, and is a yellowish white, crystalline substance, insoluble in water or alcohol. It is an aromatic hydro-carbon, with the chemical formula of $C_{10}H_{16}$. As a germ destroyer or in diseases of the intestinal tract, its power is unequaled by any other known drug. Even in large doses it is non-poisonous to man, and for that reason it far surpasses mercury, iodine, carbolic acid, permanganate of potash or iodoform as an antiseptic in its internal administration. As a safe and sure disinfectant of the feces and intestinal canal, naphthaline stands unrivaled. In complicated cases of typhoid where the urine becomes cloudy, alkaline, purulent or filled with microbes, on the exhibition of naphthaline it becomes clear, neutral or acid, while the quantity of pus is greatly diminished or entirely disappears. My own experience with this drug has been highly satisfactory, and I strongly recommend it to this society for a faithful trial. The dose is from ten to twenty grains in capsule, to be repeated several times a day. The principle involved in the antiseptic method of treatment is, to attend first to the primary lesions of the disease, rather than to its symptoms, for if the disorder upon which the disease depends is remedied the fever will be suppressed. Of course our standard medical works mention other valuable remedies, which on special occasions must not be entirely ignored. There may arise complications which will require special treatment. The intelligent physician will also look after matters of detail, such as fresh air, rest in bed, thorough disinfection of the stools, removal of all filth, and he should be most careful about the water supply. The nutrition and care of the patient will likewise demand his attention, for be it remembered that diet and nursing are by no means of secondary importance. In the treatment of this or any other disease, it is well to bear in mind these therapeutic maxims: "Never interfere actively in disease without a distinct object; act only on scientific reason or well-defined experience, and treat the cause of disease whenever it is possible."

I would not consider this address complete without directing your attention to the great medical question of the day—prophylaxis. On this important subject I can furnish no more beautiful, clear and simple language than the words of the late lamented Dr. Samuel D. Gross: "Young men of America, listen to the voice of one who has grown old in the profession

and who will probably never address you again, as he utters a parting word of advice. The great question of the day is not this operation or that, not ovariectomy or lithotomy, or hip-joint amputation, which have reflected so much glory on American medicine, but preventive medicine, the hygiene of our persons, our dwellings, our streets, in a word our surroundings, whatever or wherever they may be, whether in city or town, hamlet or country, and the establishment of efficient town and state boards of health, through whose agency we shall be more able to prevent the origin and fatal effects of what are known as the zymotic or preventible diseases, which carry so much woe and sorrow into our families, and often sweep like hurricanes over the earth, destroying millions of human lives in an incredibly short time. The day has arrived when the people must be aroused to a deeper and more earnest sense of the people's welfare, and suitable measures adopted for the protection, as well as for the better development of their physical, moral and intellectual powers. This is the great problem of the day; the question which you, as representatives of the rising generation of physicians, should urge, in season and out of season, upon the attention of your fellow citizens; the question which, above and beyond all others, should engage your most serious thoughts and elicit your most earnest coöperation. When this great object shall be attained, when man shall be able to prevent disease and to reach with little or no suffering his three score years and ten so graphically described by the Psalmist, then, and not till then, will this world be a paradise."

San Diego is now passing through its chrysalis stage. We are constructing wharves, building warehouses, grading streets, projecting railroads, beautifying parks, erecting magnificent buildings, and preparing for the grandeur of the near future. We will soon have in operation our four-hundred-thousand-dollar system of sewerage; and in a short time our enterprising Flume Company will bring to us the pure, life-giving streams of the mountain. This is no fancy picture, but a pleasing reality that is swiftly coming to our doors. With these grand donations of man—of beautiful parks, pure water, perfect city sewerage and enforced sanitary law; and these marvelous gifts of nature—of Elysian climate, bountiful soil, ever-placid bay and always summer sea—we can defy

endemics and epidemics, and place San Diego in the proud position for which she was intended—one of the greatest health resorts in the world.

MEAT: ITS COMPOSITION, PREPARATION AND DIGESTION.

*BY PROFESSOR J. W. REDWAY, PHILADELPHIA, PENN.

THE various forms of animal tissue used as food may be conveniently classified as lean and fat meats. The former occurs in, and forms the more vital organs, such as the muscles; it may, on account of its similarity of chemical composition, include also the blood.

LEAN MEAT, or muscular tissue, has a complex and not always a uniform structure. Proximately, it is composed of albumen, gelatine, fibrin and a tough fibrous tissue known as syntonin, but more commonly called muscular fibrin.

ALBUMEN.—Albumen is, in ordinary cases, a glary, transparent, viscous fluid. The white of the egg presents one of the best and most common examples. It is composed of carbon, hydrogen, oxygen, nitrogen, and sulphur. When exposed to the atmosphere it readily undergoes putrefactive fermentation. The white of the egg is not pure albumen, however, but more correctly a solution of that substance in water.

Most forms of albumen are soluble in water. If a solution of albumen be heated to 134° F., white fibres begin to form in the solution. If the temperature be raised to 160°, the whole mass becomes white, but at the same time remains soft and watery.†

If, however, the albuminous solution be heated to 212° F., or higher, a tough, leathery form of albumen is obtained, wholly insoluble in water, and soluble with difficulty in the juices of the stomach. All forms of albumen dissolve quite readily in potassium hydrate. Strong alcohol and nitric acid coagulate it when dissolved in water. Albumen is present in most forms of animal tissue.

* From advance sheets of a work on Practical Chemistry.

† Eggs placed in water at this temperature, and allowed to remain twenty or thirty minutes, are not only pleasanter to the taste, but far more digestible, than when cooked in boiling water—i. e., water at 212°.

GELATINE.—Gelatine is one of the chief constituents of animal tissue. It is best known in the form of “isinglass,” or the gelatine of commerce, and also as carpenter’s glue. This form of gelatine is, however, probably, a hydrate of the gelatine that is found in animal tissues in their natural state.

Cartilage, bone marrow, connective tissue, and the outer walls of the intestines, are very rich in gelatine; muscular fiber contains it in smaller proportion. In chemical composition gelatine differs from albumen, in containing neither sulphur nor phosphorus. In other respects there is but little difference in composition. Gelatine is only slightly nutritious.

FIBRIN.—Fibrin, in the form of the long bundles of cells that constitute muscular fiber, is practically insoluble in water. This form of fibrin is similar in structure and analogous to cellular tissue which constitutes wood-fiber.

A soluble form of fibrin occurs in the blood, and also in the “red gravy” of roasted and broiled meats. Fibrin is the constituent which imparts the pleasant and appetizing taste to beef-tea. The extract of beef, which now constitutes such an important item in commerce, is nearly pure fibrin.

Fibrin occupies an intermediate position between albumen and gelatine. It is more nutritious than the latter, and less than the former. In chemical composition it is almost identical with albumen.

The relative composition is shown in the following analysis:

	Albumen.	Gelatine.	Fibrin.
Carbon.....	53.5	50.4	52.7
Hydrogen.....	7.0	6.7	6.0
Nitrogen.....	15.5	18.3	15.4
Oxygen.....	22.0	24.6	23.5
Sulphur.....	1.0	.....	1.2
Phosphorus.....	0.4	.....	0.3

PRELIMINARY PROCESSES OF DIGESTION.—Civilized man has happily abandoned the custom of eating meat in its natural or raw state, and has adopted the more wholesome plan of preparing it by the process of heating for a more perfect assimilation. The various processes of cooking meat are no more nor less than preliminary steps of digestion.

The action of heat simply breaks up the various tissues and reduces them to a condition in which they are more easily soluble in the juices of the stomach. In other words, the heat

from the kitchen range does what would otherwise be done at the expense of the stomach, and thereby saves a certain amount of bodily energy.

But upon the manner of heating depends whether the meat has been made more or less digestive by the process of cooking. By improper cooking a tender, juicy steak may be made tough and impalatable, or a hough joint may be made to yield an insipid soup, destitute of nourishing qualities and repulsive to sight and taste.

The methods of cooking meat, although legion in number, may be reduced to four in principle, viz., roasting and broiling, frying, boiling, and stewing. In the first three methods, the object is to retain the juices within the meat; in the last named, it is to extract them.*

ROASTING.—There is little to recommend in roast beef that comes to the table dry and tough. The juices, which contain most of the nutrition, have probably escaped to the drippings; the remaining albumen has been coagulated, and its leathery form does not add to the quality of the beef. In such a condition it has little, if any, advantage over raw beef.

To have a tender and easily digestible roast, it is absolutely necessary that the juices of the meat be retained. To insure this, the oven must be as hot as it can be made when the roast is first put in.

This sears, or perhaps slightly chars, the outer surface of the meat, and thus prevents any escape of its juices. Afterward the roasting may be carried on at a much lower temperature, and within reasonable limits; the slower the process the better will be the result.

The roast should not rest on the bottom of the pan, but on a grating; otherwise it is liable to become soaked with the suet fat.

The lower part of the pan should contain a sufficient amount of water to float the melted fat, otherwise the latter will be "scorched" and impart its disagreeable taste to the meat.

If the temperature of the oven is great enough to char the surface of the meat, it is well to "baste" or pour the fatty

*These deductions are more or less chemical. To the untrained house-cook, roasting means merely to put the meat into the oven. To fry it is simply to cook it in a skillet with or without fat. To such a one the only difference between boiling and stewing is that a kettle is used for the former and a stew-pan for the latter.

drippings over those parts that have a tendency to become overdone.

BROILING—does not differ essentially from roasting. The chief feature of this method is the fact that the meat is brought directly in contact with the burning fuel. The essential point is, that there must be absolutely no smoke from the *burning fuel*. The smoke arising from the *burning drippings* does not injure the flavor of the meat. The latter is condensed fatty vapors; the former, condensed coal-tar vapors.

FRYING.—The object of this process is to cook the meat at the temperature at which the fat begins to dissociate; that is at a degree of heat just below that at which the fat chars or burns. When the frying is carried on at this temperature a skillful cook will produce a juicy, tender and appetizing steak, or chop; a bungler will bring forth a tough, ill-tasting mess that has been stewed in grease, and not fried.

It must be remembered that lean meat contains considerable water, and in the frying process the water vaporizes. So long as the temperature is above 212° , the meat will not soak the fat; but, once it falls below this point, the meat ceases to fry, and begins to absorb grease.

In general, meat drippings are better to use in frying than either lard or butter. Olive oil is somewhat expensive, but it is more wholesome than either.

BOILING.—Boiling differs from the other processes in the fact that the meat is cooked at a temperature not exceeding 212° . If the object be merely to cook the meat as quickly as possible, it should be immersed at once in boiling water, so as to prevent the escape of the juices of the meat.

When the old-fashioned "boiled dinner" is desired, a much better way is to put the meat and vegetables into *cold* water and bring it very slowly to the boiling point. The juices of the meat thereby escape, and impart their flavor and nutritive qualities to the vegetables.

STEWING.—This process, which includes the making of soups, differs from the preceding ones in the fact that the chief object is to extract the juices of the meat. Now, in order to obtain the greatest amount of nutrition from the meat, we must extract—not some of the juices but all of them.

But albumen, as we have seen, coagulates at a temperature

just below the boiling point of water. The process of stewing, therefore, should be carried on at as low a temperature as possible, and, the temperature should not be allowed to reach the boiling point until toward the end of the process.

In the making of soups the custom of cooking the meat, or joint, for two successive days is a most excellent one. During the first day the meat and chopped bone is permitted to simmer slowly for six or eight hours, or more, if possible. It is then strained while hot and allowed to stand over night, and the layer of fat removed.

This constitutes the stock of the soup, and, if properly prepared, is a thick, gelatinous, semi-transparent mass, which contains all the albumen of the meat. It is soluble either in hot or cold water, and digests almost instantly in the juices of the stomach. When required for use, it is again cooked with barley, rice, or with whatever vegetable may be desired.

THE CLASSIFICATION OF MENTAL DISEASES.

ON the 8th of September past a conference representing various distinguished scientific bodies of the United States and Canada, and eminent alienists and publicists, was held at Saratoga, New York, for the purpose of coöperating with an International Committee appointed at Antwerp last year under the auspices of the Belgian Society of Mental Medicine. The object was to recommend to this International Committee a basis for the classification of mental diseases, in the hope of securing a uniform basis in all countries of the civilized world. The following plan of classification was adopted :

1. Mania: acute, chronic, recurrent, puerperal.
2. Melancholia: acute, chronic, recurrent, puerperal.
3. Primary delusional insanity (monomania).
4. Dementia: primary, secondary, senile, organic (tumors, hemorrhages, etc.).
5. General paralysis of the insane.
6. Epilepsy.
7. Toxic insanity (alcoholism, morphinism, etc.).
8. Congenital mental deficiency (idiocy, imbecility, cretinism).—*Philadelphia Medical Times.*

SELECTED.

QUACKS IN LOS ANGELES.

DR. THERON A. WALES, of Elmira, New York, in an interesting paper, entitled "Observations on Southern California as a Resort for Pulmonary Invalids," says:

I am reminded here to speak of a failing, examples of which were never wanting among the seekers for health on the Pacific slope—a failing of family physicians in regard to those patients whose lungs have exhibited tendencies to disease too obstinate to be successfully overcome. It is unpleasant to have patients die. It is painful to lose those who generally are more than patients, are warm and admiring friends; too often those whom we have welcomed at birth, have guided through the diseases of infancy, and have watched over as they developed into young men and women, only to see them fall victims of that arch-enemy, pulmonary phthisis.

I fear that at times some of us have found it easy to evade the final struggle with the great destroyer by recommending the patient to try a "change of climate," and have added, to accelerate the departure, "that whatever change was made had better be made promptly." And so the poor sufferer, not infrequently a frail girl, is bundled off, it may be to California, because "John had heard that Andrew said that James had written home that Peter's wife's mother, since she went to California, has got strong and well, notwithstanding the fact that the doctor had said her lung-trouble would never be any better." No knowledge, mind you, of the diagnosis or exact condition of Peter's mother-in-law's lungs; no knowledge as to whether the cases are similar; no precise knowledge even of her own lungs, further than that the doctor said her lungs were "somewhat affected," and that she had better try a change of climate; no knowledge of the climate to which she is going; no knowledge of anything except that, whereas she now is failing, she has an expectation that the mighty climate of California is miraculously to restore her to health. And so, some day, travel-stained and weary, with perhaps a single companion, she is landed at a hotel on the Pacific coast, placed in a lonesome, sunless room, with no means of heating, in a climate where to sit in the shade is to take cold invariably, and literally

left to herself. That night comes up a furious norther—for even on the much-lauded Pacific coast come up furious northers—and the unfortunate invalid wakes in the morning to shiver with cold in the finest climate the world ever saw. With insufficient clothing, because she was going to a warm country; with no fire; timid and unaccustomed to travel; unable to get anything without feeing the waiters; homesick and forlorn, what wonder she soon takes to her bed, sick and sorrowful? And even then, when she asks for a physician, ten to one but that the employé who sent to call one is in collusion with some humbug, and for a percentage places her in the hands of a quack. You can imagine the rest; I do not need to dwell. Some day her lifeless form is returned to sleep in the quiet churchyard of her native village. A victim of what? Of the California climate? By no means. I implicitly believe that the California climate, suitably selected, can do more than any other one thing for the relief of pulmonary sufferers.

No, not a victim of the over-praised climate; but a victim first of the neglect or carelessness of the family physician to properly inform her or her friends of the exact physical condition, and to furnish proper instructions as to the surroundings most favorable for an ultimate recovery; whether in a moist or a dry air; whether near the sea or remote; and many other details which easily occur to you, but which I will not here take time to record; and, most of all, to have sent with her a careful diagnosis of the case, with a history of previous attacks, etc., for the guidance of any honest physician under whose care she may come. A victim also of that too general but fallacious belief of people that there exists somewhere, not a fountain, but a marvelous climate, which will cure universally every sick one who shall come to breathe its health-giving air.

A victim, furthermore, of those conscienceless, rapacious, predatory rascals who fatten upon the credulity of suffering humanity, and who throng in Southern California, and particularly in Los Angeles, as thickly as the gray wolves of the plains upon the heels of a wounded elk. * * * These are but a few of my observations.

Nevertheless, Southern California is the most excellent place yet found for the relief of those sufferers whose trouble is of a pulmonary character.—*Philadelphia Medical Times.*

A REMEDY IN PHTHISIS PULMONALIS.

DR. WM. PORTER, of St. Louis says, in treating phthisis we need a remedy rich in diastase, albuminoids and phosphates, something to aid in digesting farinaceous food, that will also be a brain, nerve and muscle producer.

In practice this hypothesis is sustained. A female patient at St. Luke's Hospital, aged 35, with phthisis, signs of deposit in left upper lobe, losing flesh for six months, poor appetite and night-sweats, began taking treatment March 13, 1880. She now weighs 121 lbs., eats well, no night-sweats, and the evidences of local disease are much less marked.

Another case of phthisis: A gentleman from Alabama, with all the physical signs of phthisis, rapidly losing health and strength. His was the remarkable gain of 10 lbs., *from six weeks' treatment.*

These instances are sufficient for illustration, and are *duplicated many times in the experience of physicians everywhere.* There is a universal reluctance always to testify to results from medicinal preparations, but when, as in this case, the composition is fully known, and the Profession invited to investigate the manner of preparing it, there is no reason why the remedy should not receive general approbation, provided it be worthy. The remedy that fulfills all the above mentioned indications and the one used so successfully in these cases, was Maltine.—*Supplement to Braithwaite's Retrospect.*

MILK DIET FOR CATARRH OF STOMACH.

MILK, and an exclusive milk diet, is also the most active curative means in chronic catarrh of the stomach, a disease which is almost always developed under the influence of alcoholic excesses. In this gastritis of the drunkard you observe two stages: in the first there is an exaggeration of the acid secretions of the stomach, producing pyrosis and cardialgia; in the second there is a cessation of the secretion of the gastric juice and production of mucus. This is the period of *pituitous catarrh*. In both periods you should employ no other dietetic regimen but milk, taking care always to add to the milk some alkaline water or bicarbonate of sodium.—*Dujardin-Beaumetz in Therapeutic Gazette.*

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

INSANITY OR DEVILTRY—WHICH ?

JUST about once in so long a time, if not oftener, John Doe and Richard Roe are found in the hands of the law, charged with some offense against the peace of the commonwealth. It may be that John and Richard have only been upon that periodical spree, and under its exhilarating influence were filled with an ambitious desire to paint the town red, as the idiom

of the day rather tersely and picturesquely terms it. And so, as the average taste of community in the matter of colors does not accord with that of John and Richard, the restraining hand of the law is placed upon them, and they enrich the public purse by some few ducats, or in default and in lieu thereof languish for a period in seclusion, and community only says, John and Richard, you should have behaved yourselves.

It may be, however, that the hour of their necessity was upon them, and John and Richard, instead of painting the town red, lacked the wherewithal for the prosecution of that laudable ambition, and so sought to replenish their purse by ways which the remainder of community persist in calling "crooked." May be John and Richard tapped a till, or burglariously cracked a bank vault, or, if of a rural turn of mind, borrowed some farmer's horse in the still hours of the darkness, and forgot to return it by daylight. And again the harsh hand of the law lays its grasp upon them, and John and Richard, after interviewing twelve good men and true, don the peculiar uniform of the State, and for a few years do some honest work. And again community wastes no sympathy, but says to the delectable twain, You should have behaved yourselves. You knew what you were doing, and must take the consequences.

But, suppose John and Richard, instead of forfeiting the sympathy of community by untimely festive hilarity, or by cracking a vault, or borrowing some countryman's horse without the owner's permission, take it into their heads to kill some one. It may be that John, instead of a safe, takes it upon him, because of some difference of opinion, to crack a neighbor's skull, or with knife or revolver lets daylight through some poor fellow's vitals; or Richard decides that some fond, foolish girl, who has loved him not wisely but only too well for her own good, has lived long enough, and so chokes the breath out of her battered body. Now the current turns. It becomes an awful thing to launch a human being into eternity from the gallows. (They don't have so much to say about the ghastly corpse, with daylight shining through its gaping wounds, or the poor helpless girl with scared eye-balls starting from their sockets, under the murderous grip of the tightening fingers that clasp about her throat.) And now bouquets begin to find their way into the prison cell, sent by tender-hearted

damself. And now goody goody sorts of people begin to say that surely John and Richard must have been out of their senses when they did such a wicked thing. And then the lawyers for the defense take up the plea, and show that the maternal grandfather of John was queer, and that Richard had an uncle's cousin who, so the neighbor's said, was not quite right. And the eloquent counsel proves to the jury that John and Richard do not sleep well o' nights, and must surely have been insane when the deed was done. And then His Honor from the bench charges the jury that the prisoner must always be given the benefit of the doubt. And the twelve good men and true, under the bewilderment of the cross-questioning, and the persuasive eloquence of the gentlemen for the defense, and the charge from the bench, fail to agree; and so John and Richard are remanded for a new trial. And time goes by, and the public partly forgets, and important witnesses drift away, and the proverbial law's delay puts off the hour of re-hearing, until finally a *nolle prosequi* is entered, and John and Richard slip out of the prison doors unpunished, again to prey upon community, or else receive some sentence so light that other Johns and Richards are not deterred from wrong-doing by the example.

But all the while the breath does not come back to that cold body, whose open wounds are crying for vengeance; and the scared eyes of the poor helpless girl, whose life was remorselessly choked out by the pitiless fingers, still vainly stare upward to the heavens for the justice which man has denied.

Gentlemen of the Jury, is it not barely possible that there was truth in that old form of indictment which said naught of mental aberration or insane impulse, but which did say that John Doe and Richard Roe, without the fear of God before their eyes, and instigated by the devil, did thus send a fellow-mortal unsummoned before his Maker.

Soft-hearted sentimentalists, there is an old book which says: "The murderer shall surely be put to death."

Learned Judge upon the bench, we have been giving to the prisoner the benefit of the doubt for these long years, and our dead lie unavenged, and our prisons are filled with unpunished criminals, and life is unsafe upon our streets. Suppose we try for a while the other plan, and when the plea of insanity is set up give to community the benefit of the doubt.

THE SACRAMENTO MEDICAL TIMES.

VOLUME 1, No. 1, of this 42-page journal is before us. The first article is on Resection of the Long Bones, by Thos. W. Huntington, B. A., M. D., Surgeon S. P. Co.'s Hospital, Sacramento. Dr. Huntington is a talented young surgeon, and writes a terse, interesting paper. The second article describes "An Improved Ether Inhaler," and is by the editor, James H. Parkinson, L. R. C. S. I. Then, there is an interesting summary of recent progress in obstetrics, diseases of women and children, by Wallace A. Briggs, M. D., which is followed by similar reports on surgery and pathology, by Dr. Huntington; on ophthalmology, otology and laryngology, by Wm. Ellery Briggs, M. D.; and on therapeutics, dermatology and venereal diseases, by G. Crocker Simmons, M. D.; ten pages are occupied by a valuable report of recent meetings of the Sacramento Society for Medical Improvement. The leading editorial bravely and defiantly announces that no patented or proprietary medicines shall be advertised in its pages, and that the journal will be "run solely in the interest of its subscribers," and, that it claims the support of the profession of the interior. Other editorials, respectively, advocate "An Asylum for the Criminal Insane," review "The New Medical Register," and liberal appropriations for the State Board of Health; there is also much valuable miscellaneous matter.

This journal deserves the support of the profession of Northern and Central California, and the physicians of Southern California would also do a graceful and profitable act by adding the *Sacramento Medical Times* to their list of journals.

Sacramento has some of the most excellently managed hospitals in California, and we have only wondered that, with this valuable clinical material, a remarkably able corps of physicians, and the fact that Sacramento is the political center of the State, our medical brethren of the capital city have not long before this taken steps to publish the results of their pregnant observations, so that others might share in their progress.

Dr. J. Hobbins, M. R. C. S. L., of Madison, Wisconsin, made us a pleasant call last month.

OFFICIAL REGISTER OF PHYSICIANS AND SURGEONS.

THE third edition of this valuable work is at hand. It contains a list of all the State Boards of Examiners to date, the laws regulating the practice of medicine; Decisions of the Supreme Court; Rules of the Board of Examiners; list of all the physicians who hold certificates from the State Board of Examiners; medical institutions represented; list of army and navy medical officers; Code of Medical Ethics; Fee Bills; Directory of Medical Colleges, Hospitals, etc.; Catalogue of Eclectic Physicians; Catalogue of Homeopathic Physicians and Catalogue of Irregular practitioners.

This is a work of great value. There is no other similar work in the United States equal to this in either comprehensiveness or accuracy.

It is marvelous that an eminent surgeon like Prof. Plummer would make the sacrifice of time and comfort necessary to accomplish this laudable undertaking.

We have but one criticism, viz.: That it is a mistake to publish in a State work a so-called list of hospitals and dispensaries and yet name no hospital outside of San Francisco. For instance, the Sacramento County Hospital is far superior to the San Francisco City and County Hospital — this we know from careful personal observation — yet the latter is in the list and the former is omitted.

The St. Vincent's Hospital, at Los Angeles, is at least the peer of any institution in the State; it cost \$125,000, and has been in successful operation for several years, yet it is not in the list. We do not know personally, but Stockton, Oakland and San José, probably, each have county and, perhaps, other hospitals; San Bernardino has one of the largest and best managed county hospitals we ever visited, and the County Hospital at Los Angeles is also an institution of considerable importance, as it has a capacity of 150 beds almost all of which are constantly occupied; yet, owing to the rule of the State Board of Examiners confining the list to San Francisco, none of these institutions are mentioned in this *State Register*.

We trust that before another State Register is issued, the liberal and courteous spirit invariably manifested by Doctor Plummer will be participated in by the whole Board.

NEW YORK EDITORIAL CORRESPONDENCE.

THOS. ADDIS EMMET, A. PALMER DUDLEY, HORACE P. HANKS AND J. B. HUNTER—RESTORATION OF CERVIX AND PERINEUM; DEATH FROM ETHER.

I WITNESSED many operations of this class by Bache McE. Emmet, Horace P. Hanks, and A. Palmer Dudley, of the New York Post Graduate Medical School.

They are all elegant and successful operators, and Prof. Hanks is quite noted as an ovariologist; but space will not permit me to report their operations in detail.

Thos. Addis Emmet, Woman's Hospital. Two nurses and three assistants. Case—deep, double lacerated cervix. Color of the cervix livid and ugly; great enlargement, marked cystic degeneration. Dr. Emmet said this condition was closely related to malignancy. He had watched four cases of lacerated cervix with cystic degeneration that had developed into epithelioma. For the last sixteen years he had believed in this relationship of lacerated cervix and epithelioma. Has never known of a case of epithelioma in a woman who has not gone through childbirth.

He made the positive statement, that "there is no epithelioma of uterus except after lacerated cervix." Whenever physicians all learn the importance of operating on the lacerated cervix, epithelioma of the uterus will be a disease of the past. Examine all women carefully a month after confinement. "If a woman has no septic poisoning, nature will repair the damage."

This last declaration is a very important one, and emphasizes the importance of antiseptic obstetrics. He recommended the liberal use of antiseptic injections soon after confinement, in all cases of lacerated cervix.

In operations on the lacerated cervix he said: "Bring the uterus down with a tenaculum to the outlet of the vagina, but not beyond"

In this case he, with scissors, removed first one cystic lip and then the other. Said he did not believe it good surgery to leave these cystic tissues. I noticed that two of the cysts contained pus.

Dr. Emmet said: "You can control bleeding by making traction. If you cut an artery, have assistant make traction at that point with tenaculum. Bring vaginal mucous mem-

brane and uterine mucous membrane together. There is nothing surer in surgery than a good result, if this operation is properly performed. This will heal by first intentions, and there will be no cicatricial tissue. The man who leaves stump to heal by granulations, after amputation of the cervix, has a different idea of the pathology of the tissues than I have.

Thos. Addis Emmet, assisted by his son, J. D. Emmet, and his cousin, Bache McE. Emmet. At Woman's Hospital. Patient had been confined five months before. Dr. Emmet said he would rather not operate so soon after confinement, but the woman could not stay here. The laceration extended to vaginal junction, and atrophy had begun to take place, so that he had but little tissue to work on. The uterus was about five inches in depth.

This operation was performed specially to be witnessed by Prof. Winkle, of Munich, President of the German Gynecological Society.

Dr. Emmet said he was very sorry he didn't have a more serious case to operate on. He removed the tissue of the laceration, at the same time saying: "If you don't go to the bottom of the pouch of the laceration, especially of the internal tear, you will do more harm than good. I do not believe this operation is done right more than one time out of ten."

He was careful to leave intact the mucous membrane of the uterine canal. He introduced silver sutures, first through one lip and out, then through the main stump and out, and then through the opposite lip. With a sound in the uterine canal to guide him, he left space for os. He cut off the wires about an inch long.

In all the operations on the cervix I saw silver sutures were used, except in those where an operation on the perineum also was performed. In the latter class of cases catgut sutures were used.

Dr. J. B. Hunter. Woman's Hospital. Lacerated cervix. Excised one side, and introduced three silver wire sutures. Then with sound in uterine canal as guide excised other side, and used three more sutures. Said he liked silver wire the best, because he could twist them tighter than any other suture, and thus prevent hemorrhage. Said Dr. Skene used silk.

Dr. Hunter said he left wires in ten days to two weeks. Uses No. 27 wire. He exhibited a case that he operated on two

weeks before. Removed the sutures. They came out as bright as when put in. Result perfect.

ETHER.—While I was in New York a woman died in a Brooklyn dental office while under the influence of ether, and previous to this I was surprised at the great caution displayed in its use by all the gynecologists. Dr. Thos. Addis Emmet would often caution administrator. Dr. T. Gaillard Thomas said he had three times come near losing patient, from spasm of the glottis. Dr. Hunter said, in hystero-epilepsy, he always dreaded effects of ether.

WALTER LINDLEY.

STATE MEDICAL SOCIETY.

THE 17th Annual Meeting of the State Medical Society will take place at B. B. Hall, 121 Eddy street, San Francisco, April 20, 21 and 22, 1887.

The committee of arrangements, Dr. R. H. Plummer, chairman, have secured reduced rates, thirty-three and a third per cent., at the Occidental, Baldwin, Brooklyn, and Grand for all delegates and their families. They have also secured the following reduction of fares: The S. P. R. R. and S. F. & N. P. R. R. have each agreed to make a reduction of thirty-three and one-third per cent. on first-class round trip fares; and the P. C. S. S. Co. make a reduction of twenty-five per cent.—the reduction in each case to be made in purchase of return ticket in San Francisco. For instance, the physician going from Colton should buy his ticket to San Francisco, and take a receipt from the Colton agent; then when he gets to San Francisco he will show the Colton agent's receipt, and the reduction will be made.

The distance from Southern California to San Francisco is so great that it prevents a large attendance from this section, yet we have always been ably represented by our Hippocratean friend, Dr. H. S. Orme, president of the State Board of Health. We trust that this year will witness a more numerous attendance, and that others from Southern California will follow the example of Dr. Orme, and adorn the State Society's hall with their presence.

Salicylate of soda given to nursing mother has been found, one hour later, in the urine of the child.

CORRESPONDENCE.

FELLOWS' HYPOPHOSPHITES.

SAN DIEGO, March 9, 1887.

EDITOR SOUTHERN CALIFORNIA PRACTITIONER.—Dear Doctor: Referring, doubtless, to my note on "Proprietary Medicines" (*vide* PRACTITIONER, August, 1886), the manufacturers of Fellows' preparation denounce as "unqualifiedly false" the imputation that they "advertise it in the religious and secular press." That particular statement applied rather to the class of which Fellows was taken as a "type, *without invidious distinction*." The gravamen of the charge against Fellows' Syrup of Strychnine (?) was, that from being originally a remedy for phthisis it had grown into the proportions of a veritable cure all.

In striking confirmation of this statement I have just received their sixth brochure, or collection of "puffs," which bears the imprint, "London, 1886"; singularly enough the word "phthisis" rarely occurs. In its stead, I quote such diseases as "senile debility, insomnia, children's diseases, melancholia, paralysis, pneumonia, hemorrhage, charea, diphtheria, marasmus, cerebral anæmia, angina pectoris, venereal, and so on "ad nauseum."

Does not this list, which, by the way, does not include all of the maladies named, fully substantiate my accusation.

Yours very truly,

C. M. FENN, A. M., M. D.

The above relieves the manufacturer of Fellows' Hypophosphites of the inferred charge of advertising in the secular and religious press.—Editor SOUTHERN CALIFORNIA PRACTITIONER.

 THE GRAVES MALPRACTICE CASE.

3003 Locust St., ST. LOUIS, Feb. 23, 1887.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER:—I was very much interested in the *History of the Graves Case* in the February number of your journal. It is a typical case—a charity patient, the recipient of much kindness, turns upon his benefactor instigated by an aspirant for notoriety and money.

Such are the dangers of charity work; fortunately I have never been a sufferer myself, but I have the greatest sympathy

for the unfortunate victim of the persecution, and I am glad to see that the physicians of one place honored Dr. Graves by a banquet. You should see that he is not forgotten but that his persecution will serve to establish him more firmly, and squelch the villian who inaugurated it.

That family should receive no attention from any respectable physician *anywhere*, unless it is paid well and in cash — no more charity work for them.

In a young community it is of still greater import than in one of more settled condition, as it will serve to shape the course of the future, and the failure of the rascal's attempt will relieve the practitioner from much danger in future; but I pity the Doctor, he was a martyr to the cause, and should be aided in every possible way by the profession for whom he suffered.

Truly yours,

GEO. J. ENGELMANN.

NEW LICENTIATES.

SAN FRANCISCO, March 11, 1887.

At a regular meeting of the Board of Examiners held March 2, 1887, the following physicians were granted certificates to practice medicine and surgery in this State:

H. C. Bagg, M. D., Santa Monica, Berkshire Medical College, Mass., April 15, 18845.

Henry G. Brainerd, M. D., Los Angeles, Rush Medical College, Ill., February 26, 1878,

Sam'l R. Cates, M. D., Pomona, Kansas City Medical College, Mo., March 6, 1883.

Geo. L. Cole, M. D., Los Angeles, Bellevue Hospital Medical College, N. Y., March 15, 1886.

Frank B. Cone, M. D., San Francisco, Medical College of Ohio, O., March, 7, 1884.

Geo. S. Harkness, M. D., Stockton, College of Physicians and Surgeons of Chicago, Ill., March 11, 1884.

Winfield S. Makemson, D. D., Bird's Landing, Medical College of Ohio, O., March 7, 1884.

Wm. D. McDougall, M. D., San José, Medical Department University, Buffalo, N. Y., February 21, 1882.

N. H. Morrison, M. D., Los Angeles, Kansas City College of Physicians and Surgeons, Mo., March 2, 1880.

Henry L. Wagner, M. D., San Francisco, University of Wurzburg, Germany, December 17, 1884.

John Weddick, M. D., San Francisco, King's and Queen's College of Physicians, Dublin, Ireland, October 14, 1874, and Royal College of Surgeons, Ireland, December 19, 1874.

The application of Mrs. P. A. Paine-Lyon, of Santa Cruz, was rejected, because of "insufficient credentials."

The Medical Register for 1887 is now ready for distribution, and copies can be procured upon application to the Secretary. It contains 196 pages, and the postage is seven (7) cents.

Complimentary copies have been sent to every resident licentiate of this Board; to druggists, public libraries, and prosecuting attorneys throughout the State. A part of its mission is to weed out illegal practitioners. A similar distribution of the preceding edition, together with a little vigorous prosecution, reduced the number from 485 to 164 in two (2) years.

Copies have also been sent to many medical gentlemen in Oregon, Washington, Nevada and Arizona; to every regular medical college in the United States and Canada, and to examining boards, boards of health and medical societies.

R. H. PLUMMER, Secretary,
652 Mission street.

SPECIALS.

DR. E. A. FOLLANSBEE has been called away and detained, professionally, for several weeks in Albuquerque, New Mexico, much to the discomfiture of an extensive Los Angeles clientage.

Dr. R. H. Plummer in the State Register says: There are 1879 persons practicing medicine in California. This is in the ratio of one practitioner to 585 persons. In San Francisco there is one to every 567 persons; Oakland, one to every 422; Sacramento, one to every 697; in Los Angeles, one to every 305, while in San José there is one practitioner to every 300 inhabitants.

Dr. C. M. Fenn, of San Diego, says: A few drops of two or four per cent solution of cocaine, instilled upon the tympanum, will immediately dispel the pangs of ear-ache. Try it.

A patient of Dr. Wm. H. Pancoast recently died, from chloroform, on the operating table. Autopsy revealed diseased kidneys, fatty liver and heart and a thin right ventricle.

Dr. J. G. Bailey, of the flourishing young city of Santa Ana, called to pay a year's subscription for the SOUTHERN CALIFORNIA PRACTITIONER. There is something tangible in such a call.

Dr. G. Wilds Linn, of Philadelphia, has been spending a few weeks in Los Angeles. Dr. Linn delivered a very interesting lecture on Embryotomy at the Medical College of the University of Southern California.

Dr. Wm. D. Babcock, of Evansville, Indiana, made the PRACTITIONER a pleasant call last month. The Doctor has recently returned from Vienna where he has devoted a year to his specialties of eye, ear, nose and throat.

Los Angeles had, during February and March, forty-five cases of small-pox with nine deaths. This was the first visitation of this disease in ten years. We are glad to announce that the disease is now under complete control. Dr. Hagan has proven himself a very efficient Health Officer during this trying period.

Dr. Geo. J. Engelmann, in a personal letter says: The Post-Graduate School of St. Louis is booming. We have reduced the fee to \$30 for the term—clinical material is abundant. When the institution is better known, I hope western men will no longer go to the far East for what can be had nearer home.

Dr. Fordyce Barker says he has used chloroform almost exclusively in his midwifery cases since 1850. He maintains that chloroform accelerates labor, and the presence of heart disease is no contra-indication for its use. He never had but one death from post partum hemorrhage and then he used no anesthetic.

We take pleasure in welcoming back to Los Angeles Col. J. J. Ayers, who for the last four years has resided at Sacramento in order that he might perform the duties devolving upon him as State printer. He retires from that office with the respect of all who have been acquainted with his administration. In Col. Ayers is a happy combination of culture and scholarship, great executive ability, unusual power as a writer, unquestioned honor and sincere good-fellowship.

H. G. Brainerd, A. B., M. D., Rush Medical College, 1878, has recently resigned the position of assistant superintendent of the State Hospital for the Insane at Independence, Iowa, which he had held for the last nine years, and removed to Los Angeles. He will devote himself especially to diseases of the mind and nervous system.

Dr. Kannon, M. D. (Bishops College, 1879), has removed from Montreal to Los Angeles, California. He was doing well in Montreal, but he made the transfer on account of his wife's health. We regret to hear that hardly had he arrived at Los Angeles than the house in which he was staying took fire, and that the Doctor lost most of his goods, including his diploma from Bishops College, and the license of the College of Physicians and Surgeons of Quebec.—*Canada Medical Record*. Dr. Kannon is now the energetic assistant Health Officer of the city of Los Angeles.

The SOUTHERN CALIFORNIA PRACTITIONER is glad to acknowledge the felicity of a call from J. J. Lawrence, A. M., M. D., editor and proprietor of the *Medical Brief* of St. Louis. Dr. Lawrence is a Southerner in everything but business. He can give the down-easter points in the trade that would make the eyes of the Connecticut nutmeg manufacturer bulge out with mingled wonder and admiration. The *Medical Brief* has now reached the wonderful circulation of 45,000 copies, monthly, and last year netted its energetic proprietor the snug sum of \$21,000. Call again, Doctor.

The American System of Gynecology is almost through press and the first volume will soon be in the hands of the profession. We notice among the contributors to this great work Professors Paul F. Munde and Geo. J. Engelmann, who have heretofore favored the SOUTHERN CALIFORNIA PRACTITIONER with valuable articles, as well as such other distinguished authorities as Professors Fordyce Barker, Battey, Garrigues, Goodell, Reeves Jackson, Lusk, Reamy, Thomas, and Van de Warker. These names indicate that this work will contain a complete *resume* of this great American specialty in its most recent aspects. The fact that it is being published by Messrs. Lea Brothers & Co., of Philadelphia, gives assurance that the mechanical execution of the work will be in harmony with its intrinsic worth.

Dr. G. Wilds Linn has been elected Lecturer on Clinical Medicine, Dr. H. G. Brainerd Lecturer on Diseases of the Mind and Nervous System, Dr. T. J. McCarty Lecturer on Chemistry and Toxicology, and Dr. D. C. Barber Professor of Pathology, Histology and Microscopy, in the Medical College of the University of Southern California.

The uncertain strength of Coca Leaves make this drug very unreliable, unless a preparation is used, which we *know* to be made from a good leaf. "ROBINSON'S WINE COCA" is prepared by percolating *assayed* Coca Leaves with Malaga Wine, and has always been found entirely satisfactory.

The *Eastern Medical Journal* says, to cure hæmorrhoidal tumors use glycerine, two drachms and a half; phenic acid, twenty drops; morphia, five grains; administer hypodermically.

Pilocarpine — one-third of a grain, hypodermically, is the best remedy in puerperal convulsions.

BOOK REVIEWS.

A COMPEND OF MEDICAL ELECTRICITY, and its Medical and Surgical Uses. By CHAS. F. MASON, M. D., Assistant Surgeon United States Army; with an introduction by CHAS. H. MAY, M. D., Instructor in Ophthalmology, New York Polyclinic. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1887. Pages 100; price \$1.

There is no subject that puzzles and confuses the student more than electricity. Definitions and explanations are usually so technical that they in turn must be explained and defined. The definitions in this book are so clear and comprehensive that they quickly let new light into the student's mind on this important subject.

Old practitioners, who desire to refresh their minds, will find this little work valuable.

A COMPEND OF OBSTETRICS, Especially adapted to the use of Medical Students and Physicians. By HENRY G. LANDIS, A.M., M. D., late Professor of Obstetrics and Diseases of Women in Starling College, etc. THIRD EDITION; thoroughly revised, with new illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1887. Pages 118; price \$1.

This popular little work is very useful to students who wish to make quick reviews before quiz. It is reliable, and contains an immense amount of information in a very small compass.

A TEXT-BOOK OF MEDICINE; For Students and Practitioners. By ADOLPH STRUMPELL, formerly Professor and Director of the Medical Polyclinic at the University of Leipsic. Translated by permission from the Second and Third German Editions by HERMAN F. VICKERY, A. B., M. D., Physician to Out-Patients, Massachusetts General Hospital; Assistant in Clinical Medicine, Harvard Medical School; Fellow of the Massachusetts Medical Society, etc.; and PHILLIP COOMBS KNAPP, A. M., M. D., Physician to Out-Patients with Diseases of the Nervous System, Boston City Hospital; Physician to the Department for Diseases of the Nervous System, Boston Dispensary; Fellow of the Massachusetts Medical Society, etc., with Editorial Notes by FREDERICK C. SHATTUCK, A. M., M. D., Visiting Physician to the Massachusetts General Hospital and to the House of the Good Samaritan; Instructor in the Theory and Practice of Physic, Harvard Medical School, etc. With one hundred and eleven illustrations; pages 981. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1887.

This work has achieved great success in Germany, having quickly reached a third edition. It has been adopted as the text-book on Theory and Practice in the Harvard Medical School.

The whole work is written in an instructive, entertaining style. We were particularly interested in the pages devoted to tuberculosis of the lungs. The author recommends arsenic used for months in all incipient cases, and says it is better not to prescribe it in solution, but in pills of a twentieth of a grain of arsenious acid, giving two or three a day, and later four or five, if possible all after eating. Creosote sometimes acts favorably on cough and expectoration. It may be given in pills, or combined with cod liver oil as follows:

Creosoti,	1;
Olei Morrhuæ,	100;
Olei menthæ piperitæ gtt,	2.
	M.

Two to three teaspoonsful daily. Recommends cod liver oil, two to four tablespoonsful daily in all cases where it is well borne.

Iron is contra-indicated in patients who are feverish, or who have a tendency to hemoptisis.

Climatic treatment is also ably handled. He says: The southern climate is better for delicate, "erethistic" patients, and also for those with laryngeal affections. The American editor has a note on American resorts, and we are surprised that he fails to mention Los Angeles, San Diego, Santa Barbara or Riverside.

The chapter devoted to diseases of the nervous system occu-

pies 300 pages, and is quite exhaustive—for a general work—and very valuable. He takes issue with Dr. Wm. A. Hammond, of New York, who says (see *SOUTHERN CALIFORNIA PRACTITIONER*, November, 1886, page 461) bromide of sodium is the sovereign remedy in hysterical convulsions. The author of the work before us says: "For hysterical convulsions there is one sovereign remedy—cold water, either as a bath or a douche."

This work is in every respect commendable. It is a safe, intelligent, progressive guide for both the student and practitioner.

WEAR AND TEAR, OR HINTS FOR THE OVER-WORKED. By S. WEIR MITCHELL, M.D., LL.D., Harvard, Member of the National Academy of Science, President of the College of Physicians of Philadelphia, etc. Fifth edition, thoroughly revised. Philadelphia: J. B. Lippincott & Co. 1887. Price \$1.

This is a small book from a great house. It is forcibly and elegantly written. There are no technicalities, but it is a work that the physician will first read himself, and then recommend to every over-worked business or professional man who comes under his care. Every man who has a daughter to educate should read it, and it should also be put in the hands of every teacher connected with our Normal and other public schools. Should the intelligent public read and heed this work, the longevity of our race would be perceptibly increased.

THE SCIENCE AND ART OF OBSTETRICS. By THEOPHILUS PARVIN, M.D., LL.D., Professor of Obstetrics and Diseases of Women and Children, Jefferson Medical College, Philadelphia, and one of the obstetricians to the Philadelphia Hospital. Illustrated with 214 woodcuts and a colored plate. Philadelphia: Lea Brothers & Co. 1886.

The fame of Prof. Parvin—a graduate of the University of Pennsylvania, 1851—as obstetrician, gynecologist, and as an impressive, graphic, eloquent lecturer has long been national in character, and the publication of this his first systematic treatise has been looked forward to with great interest. The work will justify the expectations of the author's warmest admirers.

We would especially commend to the student many of the original illustrations. In no other work have we seen the regions for listening to the fœtal heart so aptly demonstrated. The instructions in palpation are remarkably clear. The whole work is clear and comprehensive; the chapter on puer-

peral fever, or puerperal septicemia is fully abreast of the times, and contains just what every physician should know on this subject.

The author is conservative and sensible in his directions for the use of antiseptics. He acknowledges their value, but does not suffer from antiseptimania. We gladly welcome this work. It reflects credit on the profession of the United States.

THE MEDICAL STANDARD, Vol. I, No. 1. E. P. Englehard & Co., 69 and 71 Dearborn street, Chicago, Ill. Terms, \$1.50 per annum.

This new candidate for professional patronage comes to us in a neat dress and full of valuable articles.

THE SOUTHERN CALIFORNIA MONTHLY, Vol. I, No. 1. Published at Riverside, California. Editors, J. F. T. Jenkins, C. M., M. D., and W. B. Sawyer, A. M., M. D. Terms, \$1 per annum.

"Its purpose is to present the literature pertaining to all matters of interest in Southern California in a form both instructive and entertaining." Being edited by two scholarly, versatile physicians, it has naturally a climatic flavor, and contains much that is of value to the student of climatology. We welcome the monthly to our exchange list.

TECHNICS, No. 1, Vol. IV, shows change of dress. It is ably edited. It is published bi-weekly at 51 Union Park, Boston, Mass. Terms, \$2.50 per annum. Joseph H. Warren, A. M., M. D., W. Everett Smith, M. D., and Chas. Everett Warren, M. D., are the editors.

PLACEBOES.

DR. FENN writes us, that "the *Medical Institute* (Homeopathic) says, 'the convicts in the Ohio and Illinois State Penitentiaries are treated homeopathically.' The same may be said of the California State prisons. What with the Goodwin Act, and the pardoning penchants of some of the governors, sentences of years are frequently cut down to a few months!"

A correspondent in the South sends us this account of a prayer which a lady overheard from the lips of an old darkey in Charleston during the earthquake period: "Do, Lord, come down and help us. Don't send your Son. It's no time to be sendin' de chillen. Do, dear Lord, come yourself!"—*Lowell Courier*.

Northern California is called the Quinine Belt, and Southern California the Vaccine Belt, while both claim to wear the Citrus Belt.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION, FOR FEBRUARY, 1887.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.
Los Angeles, California. *Month of February, 1887.*

DATE	MEAN BAROMETER.	TEMPERATURE.			Precipitation in inches & Hundredths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	29.983	51.3	60.1	57.7	.00	Mean Barometer, 30.044
..... 2	30.072	53.0	60.0	47.7	—	Highest Barometer 30.014, date 26
..... 3	30.044	48.4	60.8	36.8	—	Lowest Barometer, 29.676 date 14.
..... 4	29.981	49.7	60.0	37.4	—	Monthly Range of Barometer, 678.
..... 5	29.776	50.7	56.0	41.2	.36	Mean Temperature, 51.6.
..... 6	29.909	47.1	51.2	41.3	.92	Highest Temperature, 81.5, date 29.
..... 7	29.591	48.3	54.9	42.8	.23	Lowest Temperature, 35.4, date 4.
..... 8	30.053	49.8	53.0	45.2	.33	Monthly Range of Temperature, 46.1.
..... 9	29.968	52.5	58.5	48.4	1.85	Greatest Daily Range of Temperature, 31.3 27th.
..... 10	30.084	49.3	59.0	38.3	.59	Least Daily Range of Temperature, 7.8, 8th, 14th
..... 11	30.078	50.7	60.0	44.1	—	Mean Daily Range of Temperature, 18.1.
..... 12	30.034	52.7	61.5	41.1	.01	Mean Temperature this Month
..... 13	30.016	51.3	60.0	44.3	.57	1879, 35.5 1882, 0.3 1885, 54.6
..... 14	29.804	51.0	54.0	46.2	1.84	1880, 59.1 1883, 52.3 1886, 79.5
..... 15	29.734	47.3	53.7	42.2	2.76	1881, 57.9 1884, 55.1 1887, 51.6
..... 16	30.115	50.7	57.5	45.0	.24	Mean Daily Dew Point, 45.6.
..... 17	30.214	48.7	53.0	37.8	—	Mean Daily Relative Humidity, 81.5
..... 18	30.012	51.0	59.8	40.1	—	Prevailing Direction of Wind, SE
..... 19	30.018	48.6	59.0	37.2	.00	Total Movement of Wind, 5500 miles.
..... 20	30.056	50.0	59.0	41.3	.09	Highest Velocity of Wind and Direction, 32., NW.
..... 21	30.095	48.1	58.5	36.3	.02	Total Precipitation, 1.25
..... 22	30.158	43.8	56.0	40.3	.01	Number Days .01 inches or more Rain fell, 13.
..... 23	30.223	50.2	62.0	39.3	.00	Total Precipitation (in inches and hundredths) this Month
..... 24	30.091	51.7	62.5	39.3	.00	1879, .97 1882, 2.64 1885, .01
..... 25	30.146	53.7	62.0	40.1	.00	1880, 1.56 1883, 3.47 1886, 1.41
..... 26	30.285	59.0	72.8	44.1	.00	1881, .36 1884, 3.57 1887, .925
..... 27	30.209	64.0	78.5	47.2	.00	Number of Foggy Days, none.
..... 28	30.121	66.2	81.5	55.2	.00	" " Clear " 13
..... 29	.....	.....	.....	.....	.....	" " Fair " 9
..... 30	.....	.....	.....	.....	.....	" " Cloudy " 6
..... 31	.....	.....	.....	.....	.....	Dates of Auroras, none.

*Precipitation from Fog or Dew.

Th — Indicates precipitation inappreciable.

Dates of Solar Halos, 3, 23.
 Date of Lunar Halo, 2.
 Dates of Frost, Light, 21, 22, 23,
 24 25. Killing, 4.
 Dates of Thunderstorms, 14.

GEORGE E. FRANKLIN,

Sergeant Signal Corps, U. S. Army.

NOTES: Barometer reduced to sea level and standard gravity. The dash (—) indicates precipitation inappreciable.

The second regular session of the Medical College of the University of Southern California closes April 20th. The second intermediate term opens Wednesday, May 4, and continues eight weeks.

THE SOUTHERN CALIFORNIA PRACTITIONER.

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LOS ANGELES, CAL., MAY, 1887.

No. 5.

ORIGINAL.

CLIMATIC FEATURES COMMON TO THE WHOLE PACIFIC COAST.

BY J. P. WIDNEY, A. M., M. D.,

Professor of the Principles and Practice of Medicine in the College of Medicine of the University of Southern California.

THE traveler upon the Atlantic slope of America, in passing down the coast from the Gulf of St. Lawrence to South Carolina, realizes that he has made a radical change in climate. If his trip be in winter he leaves the ice and snow of an almost arctic region, whence the birds have flown, and where all nature sleeps in the chill of that hibernation which is twin sister to death. He leaves an icy coast, into whose harbors storm-tossed vessels make their perilous way, with rigging stiff with the frozen spray of wintry seas, and hulls scarred by struggling amid the icebergs. And he finds, when he reaches his southern home, a land where the winter's sun looks down upon the evergreen of the palmetto and the magnolia, and breathes an air laden with the perfume of countless flowers. It is like passing from the fabled regions of the Hyperboreans to the sunny mouth of the Nile. And the transition has not been a thing of a moment, nor of a day, nor a week, for all the while, as he passed southward, he realized that climate changed steadily with each degree as he journeyed. If his journey was in the summer, he left the healthful breezes of the cool northern land to stop under the debilitating heat of an almost tropical summer, and amid the endemic miasms of the fever-breeding South, a land haunted with the ever present fear of the epidemic sweep of yellow fever. Again he realizes that he has made a radical change in climate, and that the land in which he ceases his journeying has little in common with the land from which he started. And again he also realizes that

the change was no sudden transition, but that as he followed down the coast climatic laws were steadily changing until the likeness ceased. He has passed from the home of the Anglo-Teuton to the climatic home of the man from the banks of the Congo and the Niger.

Should, however, his trip be down a corresponding reach of the Pacific Coast, from Washington Territory to Southern California, no such marked transition would be noted. While there would be, with the 15 degrees of latitude which separate the two, a certain and noticeable change in climatic surroundings, yet the change would be comparatively so slight that he would say at once to himself, I can see the same climatic laws still at work; and while there is a more vertical sun, and while I can see many differences, yet the general likeness remains the same, and I am still dwelling in the climatic race-home of my Anglo-Teuton blood.

It is this sameness, this climatic likeness, which is to the man from East one of the strange features of the Pacific Coast. Why Washington Territory, in the latitude of New Foundland, should have a mean annual temperature comparatively so little below that of Southern California, in the latitude of South Carolina, is to him, until he has studied the climatic laws of the Coast, an unceasing source of wonder. And yet it is very understandable. There are well defined climatic agencies back of it. It is no mere matter of chance.

It is the purpose of this article to show these points of climatic resemblance which are thus common to the whole Pacific Coast, and by reference to the preceding article, published in the January number of the *PRACTITIONER*, to show what are the physical agencies back of them producing and causing them.

Probably the climatic peculiarity which most strongly impresses the observer in traveling up and down the Pacific Coast is the fact that difference of latitude, which in other lands means change in temperature, here is attended by a much less marked change.

The difference between the monthly mean temperature of Eastport, Maine, and Charleston, South Carolina, is for January 29° , for July 21° ; while between Portland, Oregon, and San Diego, California, points nearly upon the same lines, it is for January 13° , for July 1° . [See Signal Service Report for 1881.]

It might be added that the one degree higher July temperature upon the Pacific Coast was at Portland, and not at San Diego. This may be explained, however, by the fact that Portland, unlike the other points cited, is not immediately upon the coast but sixty miles up the river, and thus not so directly exposed to that equalizer of temperature, the sea-breeze. The same fact, probably, adds several degrees to the January difference between Portland and San Diego. In this comparison Portland has to be taken, as there is no point near that parallel of latitude directly upon the coast with a Signal Service station. The causes of this equality lie in the fact that along the Pacific coast flows from the north the return current of the Kuro Siwo, to which allusion was made in the article in the January number of the *PRACTITIONER*; and to the further fact, that the prevailing on-shore wind of the counter trades in winter, and the daily on-shore sea-breeze in summer, come to the land with the equable temperature of the water. This great ocean current varies but a few degrees in temperature in its course down the coast, and while cooled to a certain extent by its course through the northern waters, yet retains much of the warmth which it carried in its long journey from the tropic seas as it is followed up the Asiatic Coast.

The equable temperature of this water, warmer than the natural chill of winter upon the land, cooler than the normal heat of the summer, is, as just described, distributed inland by the on-shore winds, and the result is a climate which, unlike that of most of the northerly and southerly coasts of the world, varies little for a distance of hundreds of miles. It is the working of these laws which gives to Oregon the winter of Georgia, to Southern California the summer of New England.

A similar great ocean river, the Humbolt current, flowing from the south along the west shore of South America, performs for that coast a like office.

Upon the Atlantic Coast of North America no such equable current exists. The outflow from Baffin's Bay is, by the shape of the continent, shot clear of the land, carrying its drift of icebergs to battle in the mid Atlantic with the warmer waters of the Gulf Stream, which, in like manner, left the vicinity of the coast in its northward flow near the lower portion of Florida. The in-shore water of the Atlantic Coast

thus inclosed by the two off-shore currents, the Baffin's Bay, and the Gulf Stream, is comparatively still water, changing with the varying temperature of winter and summer, and having only a slight control over the varying winter and summer climate of the land. Neither does the Atlantic Coast possess the steady on-shore wind currents of the Pacific Coast.

That the foregoing are the causes at work producing the equable climate of the Pacific Coast is shown by the fact that, as one travels inland eastward of the Sierras, and so passes beyond the influence of the sea and its winds, this equability is no longer found. Eastern Oregon, beyond the Cascades, has much of the climatic chill of its parallel, Maine, upon the other coast, while the lower Colorado has a summer heat even greater than that of the Gulf States.

Another climatic feature common to the whole Coast is the clearly marked type of winds, admitting of a classification which varies little from Washington Territory to Southern California. The prevailing upper current of air is the trade wind, coming from the northeast, flowing down from the high inland plateaus of the continent, and bringing with it the atmospheric dryness of those arid regions. This wind, from its elevation above the surface current of the daily sea-breeze, is, during the day, not felt; but, as the day wind from the sea ceases, it drops down to the surface, bringing the dryness of the night, together with the coolness of the mountain crests over which it has passed. The off-shore wind of the night upon the Pacific Coast is thus more than the ordinary land-breeze of other countries. Its persistence as an upper current during the day is shown by the smoke-clouds which, in case of mountain fires, change their course beyond a certain elevation, and drift steadily out to sea, apparently in direct opposition to the on-shore sea-breeze. It is this prevailing off-shore wind of the summer months which gives to the coast its rainless summer, for it is a wind already robbed of its moisture in the heart of the continent.

From Oregon northward, however, the prevailing wind all the year round is the on-shore counter-trade, coming directly from the ocean, and laden with moisture. It is this wind which gives to the northern coast its rains all the year round, with no dry season. These winds follow the sun in its annual migration, and with the coming of the autumn the dry off-shore

trade-wind of California retreats southward, giving to the peninsula of Lower California its rainless winter, while the moist on-shore counter-trade of the northern coast is drawn southward over California, and becomes the prevailing winter wind, giving to the State its winter rains. This wind comes to the land in the winter rain storms as a southerly gale, and, while often deflected by mountain ranges many points from that course, always retains its general southerly character.

At times during almost any season of the year, but more especially during the changing of the seasons, stray gusts from the inland plateaus break over the mountain passes, or local currents gather unwonted force in the great interior valleys west of the Sierras, and as dry winds, hot in summer, cold in winter, sweep over the coast, desicating the surface of the earth and checking the growth of vegetation. This wind is known as the norther.

The daily sea-breeze of the summer months, caused by the heating of the earth's surface, and the in-rush from the sea of a cool, moist air to replace the ascending column of heated atmosphere, is a feature found everywhere from Oregon to Southern California.

The division of the year into a wet and dry season, which is the case from Oregon south to the peninsula of Lower California, is explained by the working of the trade-winds just described. The type of the season, whether marked by an excess or deficiency of rainfall for the year, is usually the same for the whole coast.

The general law of the rainfall for the coast is of a regularly diminishing precipitation from north to south. Thus, the Signal Service report for 1881 shows along the coast an annual rainfall of 61 inches at Olympia, Washington Territory; 53 inches at Portland, Oregon; 29 inches at San Francisco; 11 inches at Visalia. While this is the law, it is subject to many modifications and apparent reversals, from local and topographical features, which will be discussed in a subsequent article.

The great rain storms of the winter generally strike the north coast first, being reported by telegraph from Washington Territory, and back down the coast against the direction of the wind, until they disappear on the peninsula of Lower California. Occasionally, however, a heavy storm strikes the southern coast without reaching northward.

With regard to humidity, an idea prevails that the coast upon the Pacific is marked by a drier atmosphere than the corresponding Atlantic Coast. While this is true for the country and valleys back from the coast, the Signal Service reports show it not to be true for the immediate coast line. The mean annual humidity, as shown by that authority, is for Portland, Oregon, 73.8, and for Eastport, Maine, 74.5; for San Francisco 75.6, and for Cape May 73.2; for San Diego 72.9, and for Charleston 72.7.

Back from the immediate vicinity of the coast, however, behind the coast ranges of mountains, in the interior valleys, and especially upon the deserts which lie east of the Sierras, a dryness is found to the atmosphere which has no analogue upon the Atlantic coast or in the Mississippi valley. Winnemucca, Nevada, east of the Sierras, shows an annual mean humidity of only 37.4; Pittsburgh, Pa., west of the Alleghanies, 69.1; Visalia, Cal., west of the Sierras, but lying in the San Joaquin valley, within the Coast Range of mountains, a mean of 60.2; Charlotte, North Carolina, more distant from the sea, a mean of 67.1; Yuma, east of the Sierras, upon the lower Colorado, a mean of only 38.3; Vicksburg, upon the lower Mississippi, a mean of 72.3.

There comes a time in the autumn months, however, notably in November, when the sea-breeze begins to fail, and the counter-trades have not yet worked southward, during which the prevailing wind is the dry trade wind coming from the great inland plateaus of the continent, and the humidity, even directly upon the coast, drops from 13 to 18 points lower than the above averages.

Another feature common to the whole Pacific slope, and in which it differs from the Atlantic, is the almost universal prevalence during the summer months of night fogs along the immediate coast line. The cool nights, which are characteristic of the whole coast, lead to a rapid condensation of the atmospheric moisture borne in by the daily breeze from the sea. But with the coming on of the winter, and the partial failure of the sea breeze, these fogs become less frequent. They are felt for a short distance only in from the coast line, and seldom rise above the level of the coast plains and low valleys which lead inland from them.

A careful comparison of the tables compiled by the Signal

Service upon the wind movements of the United States shows, contrary to the opinion which one would be apt to form from the regularity of the daily sea-breeze upon the Pacific Coast, that the atmospheric movement for the coast is far less than for corresponding points upon the Atlantic. Thus the aggregate annual wind movement at Portland, Oregon, is for the year ending July, 1881, 48,053 miles; at Eastport, Maine, 85,839; at San Francisco, Cal., 82,724 miles; at Cape May, Delaware, 134,455; at San Diego, Cal., 55,062 miles; at Charleston, S. C., 71,021.

Among the peculiarities common to the whole coast, as contrasted with the Atlantic slope, may also be mentioned the great variations in climate which are found within comparatively limited areas. The high Sierra, which runs parallel to the coast, and at a distance of from one to three hundred miles from it, and the Coast Range, which lies immediately upon the sea, together with the broken, irregular spurs which, north and south, seem to form a coalescence of the two, afford differences of elevation and of climate within narrow areas, which one would seek for in vain upon the Atlantic Coast. Snow-clad peaks look down upon valleys where snow is never known.

The slopes of mountain chains facing the rain winds of winter are saturated with moisture, while just over the crest, and in the valleys beyond, vegetation struggles with the scanty water supply. Sunny uplands lift like islands above lands that are lost in the fogs of the morning. Broad plains rest under the stillness of summer skies, and yet across them flow the swift currents of narrow aerial rivers, rushing down from mountain passes, where the lone winds of the desert plateaus ever alternate with the restless breezes from that other desert of the sea.

“Coca” has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcohol habit, etc. The highly variable character of the commercial drug makes it uncertain, however. Robinson’s Wine Coca we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of cocaine being always determined by careful assay.

SOME OF THE TYPICAL CLIMATES OF SAN DIEGO COUNTY.

BY C. M. FENN, A. M., M. D.,

Member of State Medical Society of California.

"The goodness of the air is better known by experience than by signs."—BACON.

IN the course of a statistical contribution to the last United States census, I wrote of California as the very mother of desirable climates. Nor, after a residence of more than twenty years in different portions of the State, am I in the least disposed to retract the statement. And whatever may be said of this broad area of 769 by 332 miles is a hundred-fold more applicable to our phenomenal county, with an expanse of 17,000 square miles! The latter is a principality in itself, and contains a great diversity of excellent climates.

It is, however, very difficult, as Bacon suggests, to convey an adequate idea of atmospheric conditions by either signs or words, and especially to those living on the Atlantic side of our continent. For neither parallels of latitude, nor isothermal lines, nor yet the otherwise accurate data of the Signal Service, enable one to institute a fair comparison. For example, the cities of New York and Charleston may approximate in latitude the northern and southern boundaries of California, while a locality isothermal with San Diego might be far removed from the latter city, and be surrounded with miasmatic swamps, which are unknown here; nor does a mean low temperature necessarily imply entire freedom from very mean atmospheric and other conditions. Madera, it is said, wears a mean annual temperature of 64.9° , the seasons never ranging below 60° , nor exceeding 70° ; yet the parching lasses, or easterly winds, laden with impalpable and irritating dust, and a debilitating summer atmosphere, render it well nigh uninhabitable for a portion of the year. Malaga, for similar reasons, is a paradise at one season, but an inferno at another.

The fatal objection to such so-called health resorts is, and many places in our own country are no better, that they are wanting in the important feature or element of continuity, and the tourist or invalid has barely unpacked his wardrobe when the approach of the pestilential season warns him to flee to some other city for refuge or return home. Such repeated

and sudden transitions of air, food, water and associations, must be a severe ordeal to the robust, and how much more trying to one of feeble vitality!

In striking contrast to such places, and at the same time illustrating one of the leading traits of our classical climates stands the fact of their all-the-year-round-ness.

Furthermore, it is a common experience that, directly after the traveler by steamer gets below the 34th parallel, he becomes conscious of breathing a different atmosphere. If he has been sea-sick and bed-ridden, he now ventures upon his "sea-legs," his appetite returns, and he eats and breathes to some purpose; the aroma of the semi-tropic vegetation now comes to him over the really Pacific ocean, and he appreciates, for the first time, the significance of the adjective. The further southward his journey the more congenial his environment, until within the land-locked Bay of San Diego he attains the realization of his dreams.

If his approach has been by railroad, and the time our early spring, his senses will be regaled with a scenery at once diversified and beautiful. From Colton southward there is a long succession of rocks and rills, meadows and cañons, flowers and trees, interspersed with thriving settlements, until the Pacific comes into view at Oceanside. As its name implies, this embryo city overlooks the ocean from a somewhat precipitous bluff, nearly fifty feet above mean tide. The air is necessarily invigorating and healthful, coming as it does directly from the sea; with Del Mar some miles further south, and between the two the town of Carlsbad, where they have discovered mineral water, which by recent analysis equals, if not surpasses, the celebrated springs of Germany, and the Kissengen waters of Bohemia; this growing town forms a triumvirate of climatic conditions which characterize one type of our San Diego County climates.

I might describe also the El Cajon, Escondido, and many other valleys, varying in altitude above mean tide from 400 to 6,500 feet, in which hot and cold springs, pure and mineral waters, together with a genial atmosphere suggest an almost fairy-land.

But the purpose of this paper is to put upon record the climates more immediately connected with this Bay. Selecting two that are most distinctive, I shall first speak of Tia Juana,

a large body of land situated at the foot of the Bay. The portion which I consider especially salubrious consists of about a township and a half of the red upland, or mesa, so characteristic of this part of the State; a stratum of marl, or conglomerate, impervious alike to water and tool of iron, underlies the whole of it. The soil proper, of varying thickness, is in wet seasons susceptible of a high state of cultivation at such times, maturing any of the cereals. Its usual condition, however, is dry, and with cultivation, porous, ordinary rains being so rapidly absorbed or evaporated, that within a few hours thereafter one can safely sleep on the ground. From sea-level the rise of the land is gradual and undulating, until at a distance of two miles it reaches an elevation of, perhaps, one hundred feet, then a depression occurs included within a mile, when the ascent is rapid to the height of 500 feet.

The air of this entire belt, partly because of the ocean breezes which constantly fan the heated soil, is wonderfully soothing to lesions of the lungs, and mucous membranes generally. Fogs are seldom known here, and rains are not at all frequent, though both may at times be seen following up the estuaries on either side of this plateau.

During seven months' sojourn here the writer completely overcame rheumatic proclivities, which had driven him away from San Francisco, and parted company with a catarrhal trouble which had annoyed him for many years. Another medical gentleman, a victim to one of the severest forms of ozæna, was measurably relieved during a short stay. Besides these cases, an aphonic consumptive entirely recovered her voice and a fair degree of health in less than four months after her arrival. Within my observation, also, were several phthisical incurables, whose lives were unquestionably prolonged by residence here.

In addition to its hygienic advantages, this locality furnishes a rare opportunity for all kinds of sea bathing, fishing, pleasant walks and drives, on land and beach, and a varied landscape of plain and ocean, mountain and valley, upon which the eye cannot dwell without increasing interest. As an adjunct to pneumatic differentiation, inhalations or medication of the lungs, by any method whatever, I can cordially recommend the Tia Juana. For suburban residences, also, it can have no formidable rival in that vicinity.

Another typical and remarkably salubrious climate is found in the city of San Diego, which, from its position on the eastern shore of our bay, is neither coast nor inland; it includes, however, the desirable qualities of each. Point Loma, one of the most elevated light-house promontories of the world, shuts out the sea from a small portion of the city. From sea level the red granite earth trends eastward with gradual ascent, until it culminates in a plateau one hundred feet in altitude, and extending in all directions. It will be readily inferred that the natural drainage of San Diego cannot be excelled. Yet her citizens have recently, and unanimously, voted to appropriate several hundred thousand dollars for sewerage purposes, which will doubtless be carried out under the immediate supervision of that eminent sanitary engineer, Col. Waring. The water supply, derived from wells of soft water, and chiefly from the San Diego river, is more than enough for the present population of fourteen thousand. Besides these, the near future promises us an abundance of pure mountain water, through the medium of two extensive flumes already in process of construction. The rainfall of the city is less than in the interior, an average rainy season with us implying about ten inches of water, evenly distributed through the winter and spring months. As in the ancient days and times, when the great Temple was building, so here it usually "rains in the night season only," and the days pass with genial sun and unclouded skies, as if to give the invalid no reasonable excuse for remaining within doors. For the same reason mud is seldom seen, and then for a brief period, even upon our thoroughfares. For the most part, therefore, there is an absence of the noxious fumes so frequently emanating from filthy streets, and which are often not less deleterious than sewer gas itself. In corroboration of our equable temperature, the Signal Service records for thirteen years, ending with 1884, show a mean difference between summer and winter of only 12.3° ! I have also been favored by the Department at Washington with the meteorological data of January and July, 1886. Without quoting *in extenso*, I find the mean daily range of temperature at San Diego to have been 13° and 11° ; mean daily relative humidity 74° and 77° ; highest velocity of prevailing N. W. wind 29 and 19; number of days on which the sun was more or less obscured, by what we call high fog (?) or vapor, 10 and 2 (I be-

lieve the records class those as cloudy days, and write foggy days 0).

By way of contrast, and at the same time demonstrating the superiority of coast climates, I append data collected for same period at an inland locality of some celebrity: Mean daily range of temperature, 16.6° and 29.1° ; mean daily relative humidity, 77.8° and 72.8° ; highest velocity of the prevailing W. and N. winds, 37 and 22; cloudy (high fog (?) days, 12 and 2; greatest daily range of temperature, 28.2° and 40.4° , and of San Diego 19° and 24° !

Referring to the San Diego data, we discover less humidity than in the interior, and a much less range of temperature. The effect of such atmospheric conditions upon the system will be readily appreciated. The changes between night and day, as well as of the seasons, are so insignificant relatively that the least vitality is not too severely taxed. The day heat, as we have seen, can never be oppressive, and cool nights ever conduce to refreshing slumber. It is the commonly received opinion, I know, that an Eastern winter is the chief source of danger to one of weak habit. But I imagine that it is only so when a hot, debilitating summer has already handicapped him in his coming contest with cold weather. If comfortably housed, one can guard against the cold, but the heat of those prostrating summers can only be escaped by flight. In these respects our delightful summer weather offers especial inducements, and should be cultivated more generally than it has been in the past.

Without attempting to enumerate and explain all of the factors which give to these climates their peculiar character, I may speak of the constant trade winds, which bring us iodine, ozone and other healthful elements, and at the same time, like scavengers, carry off endemic impurities, where they exist; our position on this western slope of the continent, our latitude, and especially our longitude, which places us twenty minutes further east than San Francisco, thus shielding us from the cold ocean currents which come down from the polar regions; and more than all, a soil *sui generis*. In addition to these, we are largely indebted to the desert, sixty miles to the east of us, and which has been somewhat of a bugbear in the minds of those who did not understand its situation. Besides being the frame or setting to the landscape in front and to the

westward, this great inland sea keeps our currents of air in motion. It projects its high and hot air-waves skyward, leaving vacua to be filled with colder air, and at the same time modifies the more humid strata, which rush landward, so that even the laws of decomposition are held in abeyance. In many inland localities meats suspended in the open air become thoroughly dessicated, and the carcasses of animals, if left upon the plain, simply dry up.

In conclusion, I would suggest that there are many other elements of equal or greater importance in forming an estimate of climate, and which I fear me are frequently suppressed. I refer to the presence or absence of ordinary and local diseases. Manifestly, the consumptive should studiously avoid places known to be the habitat of pleurisy and pneumonia, though phthisis may never have been heard of therein. So, also, the victim to hepatic lesions should keep away from malarial districts. In short, a place may be known by the diseases it harbors, much as an individual by the company he keeps. In illustration of this maxim I quote briefly from my paper on the "Ordinary Diseases in San Diego," published in an Eastern medical journal some months ago :

"I have never witnessed an epidemic of typhoid fever in San Diego, nor have I ever seen a typical case of the malady that was not imported.

"I have never known pleurisy and pneumonia to be extensively epidemic here.

"Indigenous intermittent fever is practically unheard of in San Diego.

"Cholera infantum occurs only sporadically, if at all."

The remarkable infrequency of these staple diseases, during more than fifteen years, is an immense percentage in favor of this climate. To the medical man such facts speak more forcibly than meteorological data, however obtained.

I may further add, that for more than ten years I have represented several insurance companies as medical examiner, and during this entire period not one of the insured has died from natural causes! While one Eastern company, with more than sixty local risks, has been collecting from twenty to thirty-three assessments annually, it has paid no losses here. The same is true of the A. O. U. W., with the same number of

assured, except that its assessments have amounted to about twenty each year.

Among our most active business citizens are many who came here years ago, hoping for only a brief respite from their maladies. They still live.

Unexceptionable as are these California climates, they should be sought early in the disease, or better, early in life. For when such a malady as phthisis is fully developed, and the plague spot is out, the victim, like the leprous voyager to Molokai, may seldom hope to return. One scrofulous or consumptive child in an Eastern home should banish the entire family to this land of sun and flowers. By this means they may rescue one or all of them, and not feel a remorse akin to that of a sorrowing mother, who sat near her daughter's death-bed a few months' ago, "This is the last of seven children—all dead of consumption. Six of them found graves in Illinois and Kansas. I have no more victims to offer. Would that I had given up home, EVERYTHING, and come here long ago."

VACCINATION.*

BY J. H. DAVISSON, M. D., LOS ANGELES, CALIFORNIA.

THE experience of the last few weeks has led me to regard this subject, in its various relations, with more than usual interest; and were I to base an opinion upon the statements and inquiries made concerning variola, vaccinia and varioloid, during the period just mentioned, I should say that these subjects have not received that general and thorough investigation that their importance demands. A thorough and universal sentiment in favor of vaccination, as in all other matters pertaining to sanitary science, can only come to the populace through the medical profession—the only competent teachers and guardians of public health.

The scope of this subject is such, that, with the little time at my disposal, I can but enunciate a few leading facts, and formulate my own convictions—in rather aphoristic form—relative to a few phases of this most important subject.

To give a full history of variola and inoculation would

* Read before the Los Angeles County Medical Society, April 1, 1887.

require much time; indeed, to follow variola in all its relations, from its existence in China more than 2,000 years ago, down through the ages to India, and to Europe from Asia, by the Roman army in the second century, thence to America—giving a full detail of its ravages in the numerous epidemics to the present—would be a task equivalent to writing the progress of our civilization.

Since May 14, 1796, the day upon which Dr. Edward Jenner, the pupil of John Hunter, vaccinated the boy, James Phipps, with cow-pox, an original disease, allied to small-pox, down to the present moment, vaccination with all its triumphs, strange as it is, has had its enemies. But their logic falls to the ground, under the burden of statistics and the combined experience of every medical man whose duties have led him on in the way of small-pox.

According to Niemeyer, during the last century one-tenth (1-10) of the entire population of continental Europe died of small-pox alone, and another tenth (1-10) were maimed for life by it; and this all from neglect of vaccination.

In India, during an epidemic, from 1866 to 1869, in Bombay and Calcutta alone, 140,000 died of variola; and, again from 1873 to 1876, in these same Presidencies, 700,000 died of small-pox (Rohé). Before vaccination the mortality in England was 3,000 per million inhabitants; after vaccination we are informed that the death-rate was reduced to 310 per million (Rohé).

Dr. Seaton, than whom there is no better authority, who with Dr. Buchanan, during the small-pox epidemic in London in 1863, examined 50,000 school children, and found 360 with pits following variola, without evidences of previous vaccination, while only 1.78 per cent. had small-pox where evidences of successful vaccination were present.

Loomis, in a foot note in his recent work on practice, gives the following statistics from the Records of the London Small-pox Hospital, in twenty years' service, viz.:

Patients admitted with variola, 4,879.				MORTALITY.	
"	with 1 vaccinal scar,	2,001—7	and 7-10 per cent.		
"	" 2 "	scars, 1,446—4	" 7-10 "		
"	" 3 "	" 518—1	" 9-10 "		
"	" 4 "	" 514—	1-2 "		

Mortality in the same hospital, 4 per cent. in discrete variola, 8 per cent. in semi-confluent variola, and 50 per cent. in confluent variola.

Coming nearer home for statistics, and to our own country, the Fifth Annual Report of the Illinois State Board of Health, by the distinguished sanitarian, Dr. Rauch, illustrates the value of vaccination as a protection against the ravages of small-pox. In the epidemics of 1881 and 1882 in Illinois, there were 499,000 out of 713,431 enrolled school children in the State, or 69 per cent., either entirely unprotected by vaccination or susceptible to variola. In January, 1882, compulsory vaccination was instituted; and in sixty days, there were less than 6 per cent. of unprotected school children remaining in the State of Illinois. During this entire epidemic, we learn from Dr. Rauch that the death-rate among the unvaccinated school children was 48 per cent. of those attacked; while the mortality among vaccinated school children was nine-tenths (9-10) of one per cent!

We might go on accumulating statistics from good authorities of many nations, but it is sufficient to say, that without vaccination the mortality of confluent small-pox is about 50 per cent., while with vaccination (varioid) it is almost nil.

Inoculation with variolous matter has been practiced for centuries, but has long since given place to Jennerian vaccination. Jenner was ridiculed in public and private; but he still conscientiously pursued his investigations, and demonstrated to the world the value of his discovery and the prophylaxis of vaccination. He even subjected 6,000 persons whom he had vaccinated, to the contagion of variola; and his discovery withstood even this crucial test.

Jennerian vaccination was introduced into America by Dr. Benjamin Waterhouse of Boston, in the year 1799, and has been extensively practiced since, and less than a score of years ago Boston again made an innovation. Dr. Henry A. Martin introduced bovine virus into America in September, 1870, and began the propagation of it under autograph instructions from Depaul, from whom he obtained his "stock." Since 1870 bovine virus has grown in favor, and has almost entirely superseded Jennerian, or arm to arm vaccination, and has added a new industry in this country. Martin was an accomplished scholar, an eminent physician and

a thorough worker in this important field long before his introduction of bovine virus; and his report on vaccination, in 1877, to the American Medical Association, as chairman of a special committee, constitutes our best literature and authority on vaccination in this country. Many objections had been urged against humanized vaccination; and, in April, 1866, a case of spontaneous cow-pox, an original disease, appeared at Beaugency, France. Depaul, the celebrated vaccinator, procured his "stock" of bovine virus directly from this case; and the virus brought to America by Dr. Martin, or his agent, was from the 258th, 259th and 260th of Depaul's series, beginning with the original case at Beaugency.

It had been believed that the "stock" or virus long in use, in arm to arm vaccinations, had deteriorated, by being so many removes from the cow; and this and other reasons led to the introduction of what is now used and known as bovine virus. Evils referable to diseased persons, bad blood, etc., were supposed to be, and were, obviated by the new virus. Yet, there is a duality of opinion in regard to virus, but the large majority are now in favor of the bovine virus, to the entire exclusion of the old Jennerian method.

In speaking of the deterioration of humanized virus, Dr. Henry Sterns, of the Local Government Board, in an article in the *London Practitioner* of January, 1880, states that he has "examined more vaccinated children than any man alive, or who ever lived" (which, by the way, is not a very modest statement), and he denies the statement often made, that arm to arm vaccination affords less protection against small-pox than it ever did; and declares, that even a long series of arm to arm vaccinations, with a particular "stock" of humanized virus, does not weaken the Jennerian character. The same opinion has been indorsed by the late celebrated Atlee, of Lancaster, Pennsylvania, after sixty-four years' experience with it. However true this may be, there are other and more evident reasons which have determined my choice of bovine virus.

The chief advantages of humanized virus (and it has some advantages) are that it takes more readily, and has a shorter period of incubation; and time is often saved in cases just exposed to small-pox, on this account; but it has its disadvantages: chief of which are vaccinal syphilis, blood poisoning

by other infections and the difficulty of obtaining and keeping a supply in epidemics, when much virus is needed. During the siege of Paris it became necessary to vaccinate all the cows, horses and mules, in order to obtain sufficient virus—as virus from a primary vaccinal vesicles only is efficient for reliable vaccination; and a very large majority of the vaccinations in civilized countries, during an epidemic, are re-vaccinations.

Much has been written in regard to vaccinal syphilis resulting from humanized virus; and Tilbury Fox, as long ago as 1870, in the *London Lancet*, enunciates his firm conviction in the belief, that vaccinal syphilis is a fact and not a myth. Loomis, also declares that he “has proof” that syphilis, and other infections, are introduced into the system by humanized vaccinations; and then, in the face of all this, gives his preference for humanized virus. While Foster, in *Pepper's System of Medicine by American Authors*, discusses this phase of the subject, and very conscientiously concludes that to avoid vaccinal syphilis use bovine virus, since cows and other lower animals (except the monkey, by some believed to be a distant relative of ours) are insusceptible to syphilis.

It has not yet been determined that syphilis *can* be communicated by inoculation with lymph *free* from blood; but the *contrary* is admitted; hence, it is claimed by some authorities that this complication may be obviated, by using virus or lymph free from blood; believing, which is the fact, that syphilis is the result of inoculation with syphilitic blood alone. Surely no careful physician would vaccinate with visible blood in the virus; but the fact remains, that all vaccinal lymph, from whatever source, regardless of its kind, contains more or less blood. Without attempting to consider these questions further, I desire to not only give my preference for bovine virus, but I would also commend the ivory points. The lancet shaped ivory point, as now prepared, is neat and convenient, and subserves every purpose for transportation and the collection and preservation of the virus, and a perfect vaccinator as well.

I have tried most, if not all, of the various devices for vaccinating with, and fully agree with Martin, that it not only answers the purpose, but it is the best vaccinator, and by using the ivory point you obviate one of the great evils of vaccination, viz., the risk of communicating syphilitic blood

from arm to arm, and also lessen the liability to erysipelas and blood poisoning.

These complications may be averted by dipping the lancet or vaccinator into boiling water, or washing it in a disinfectant solution, before using it on each patient, all will agree; but the fact is, this precaution is rarely, if ever, done in practice.

Erysipelas from vaccination has never occurred to me—indeed, I have never seen a case of erysipelas from vaccination. I vaccinate with bovine virus, using the ivory point, and I do not fear its occurrence. I have heard much of the serious and fatal results of vaccination—as erysipelas, blood poisoning, eczema, etc.; but my own experience teaches that where the operation is properly done with bovine virus, little need be feared, and that all the extensive swellings, bad inflammations, and the deep and extensive ulcerations, are either due to traumatism, neglect or meddlesome and irrational treatment. To obviate these evils, simply instruct the patient to not disturb, rub, scratch, or in any way rupture the visicles. Never poultice a vaccination—I have seen many a bad ulcer follow a poultice, that some kind friend or careless practitioner may have ordered. In short, to avoid bad sequences, simply do nothing but protect the arm from all violence, and innovations in the way of treatment.

It frequently happens that, in primary vaccinations, vaccinia is accompanied by an extensive rash or eruption, covering the entire body, which is never serious, and often receives various misnomers, as varioloid, small-pox, eczema, erysipelas, or blood-poisoning—when, in fact, it is but one of the phases of vaccinia, and should not excite alarm, and does not even call for treatment as it soon subsides.

Ulcerations following vaccinations, regardless of the source of the virus—either the result of injury, inattention, or mal treatment—are best treated, in my judgment, by cleansing with tepid water with a soft sponge, and the application of an ointment of oxid. zinc 1 dr., carbol. acid gtt. xx, cosmoline 1 oz, applied two or three times daily. To protect a vaccination from violence and obviate rupture of the vesicles, cover with absorbent cotton, and hold the cotton in situ by two strips of rubber adhesive plaster, crossed over the cotton at right angles.

In some cases dry or pulverent dressing, as borac. acid, oxide zinc, or lycopodium, in various combinations, may take the place of ointments and moist dressings.

During the recent necessity for vaccination on the Pacific Coast, I have observed a marked difference in the appearance of the vesicles and areola, here, as contrasted with vaccinations east of the Rocky Mountains. In Los Angeles the vesicles are fewer and smaller, containing less lymph and are more easily ruptured; and the areola is darker, and in appearance more nearly resembles an echymosis, especially as the areola begins to subside. As a rule, the constitutional symptoms are milder here, and re-vaccinations run a more rapid course. The only explanations I can offer for these differences are climatic influences, and the effect of different "stocks" of bovine virus. I had formerly used Martin's virus, from Boston Highlands, almost exclusively (and I must confess I like it much better than any other "stock" used here), though I have had the best results here from virus from Marietta, Penn., and from Illinois. The chief difficulty has been to get virus not rendered inert by being transported in overheated express or mail cars. Virus may be kept for months, and even years, and can be sent to all foreign countries, with a little care in keeping it cool and dry, and yet be potential. The "stock" from the Pennsylvania farm purports to be from the second case of original cow-pox in America. I have seen some abortive cases, or vaccinoid; and I have been consulted by two patients (not my own), both of which I could not refrain from thinking were "*variola-vaccinia*"—that is to say, virus produced by inoculating the cow with variolous matter, and then collecting the lymph from the cow in the usual way. In each case, after twelve or thirteen days, when I first saw them there was one large pustule at the point of vaccination, and between thirty and forty pustules covering an area of about four inches in diameter, and each distinctly umbilicated, and resembling variolous eruption in the pustular stage. There were also papular elevations sparsely scattered over the body, which soon subsided, while the numerous pustules mentioned went through all the stages of variola, and were attended with severe constitutional symptoms and swelling, inflammation and pain. I treated these cases locally with a lotion of zinci oxid. $1\frac{1}{2}$ dr., liq. plumbi subacet. $\frac{1}{2}$ dr., glycerni 3 dr., liq. calcis q. s. 4 oz.—applied often. I thought these cases unique, but in conversation with Dr. Orme, President of California State Board of Health, he informed me that he had two similar cases; and he also attributed them to variolous vaccinia, as described by Ziemsens and others.

To the question so often asked, when and how often should vaccination be done? I would say, vaccinate the infant within six months, ordinarily, and earlier if variola is epidemic; and at seven years, or on entering the public schools; and at puberty, or on entering boarding-school or college; and every seven years thereafter, and during epidemic small-pox. Vaccinate everyone just exposed to variola, as the period of incubation of variola is ordinarily twelve or fifteen days, while that of vaccination is but three to six; hence vaccinia develops in advance of variola and modifies it. I am aware that Niemeyer opposes vaccinating persons exposed to small-pox, and declares that vaccinia and variola run their course synchronously without modification, and that vaccination under such circumstances increases the danger, by an additional complication. This is surely not the opinion nor the practice of American practitioners.

Vaccinate the pregnant female at any period of pregnancy, if variola is epidemic, or she has been exposed to variola. It may protect the fœtus; but vaccinate the infant within six months, as a safe precaution.

Seventy-three per cent. of re-vaccinations, according to Martin, are successful with bovine virus, in cases where humanized virus was used for the primary vaccinations; but with bovine virus probably not more than forty per cent. are successful—an argument of the better protection afforded by bovine virus.

In conclusion I would say, that, whatever the virus, I have never had any serious results from vaccination.

THE SEWERAGE OF SAN DIEGO, CALIFORNIA.

BY GEORGE E. WARING, JR.,

Honorary Member of the Royal Institute of Engineers (Holland); Member of the Institution of Civil Engineers (England); Fellow of the Sanitary Institute of Great Britain; Corresponding Member of the American Institute of Architects; Consulting Engineer for Works of Sanitary and Agricultural Drainage, Newport, R. I.

EDITOR OF THE PRACTITIONER:—I gladly comply with your request for information concerning a sewerage recently inaugurated at San Diego.

I made, last year, a plan of the work on the same principle

carried out in the sewerage of Memphis, extending over about thirty-eight miles of streets—far beyond the present limit of population. The estimated cost, including the outlet works, amount to about \$350,000. In February, by a vote of 1,084 to 83, the issuance of \$400,000 bonds for this work was authorized. The execution of the work was placed in my hands, and operations have already been begun. Should there be no unforeseen interruption, the whole work should be completed by the end of the present year.

This will be a remarkable achievement for a practically new town, and no one can question the wisdom of the trustees in thus protecting the virgin soil of the city area from future contamination.

The sewage is to be delivered by a single main into a reservoir, one acre in extent; constructed in the bay, 1000 feet from the shore. This reservoir will discharge through a 30-inch iron pipe, 500 feet long, at the bottom of the deep channel of the harbor, which delivers some ten square miles of water at each fall of the tide. The gate of this discharge-pipe will be opened and closed by automatic mechanism, worked by the tide. It will remain closed during the whole flood and beginning of the ebb. At the desired point of the ebb the gate will be opened, discharging the full contents of the reservoir about one hour before low water, at which time the gate will close.

Sewage will flow into the tank constantly, filling to only a part of its depth. When the returning tide shall have reached nearly to its highest point, it will flow in at the openings near the top of the tank, and fill it with sea water to the full tidal height, largely diluting the accumulated sewage and increasing the head for the discharge into the channel on the opening of the gate.

The object of this arrangement is to prevent the in-coming tide from obstructing the flow of the sewers, except for a short time before the discharge, and to secure the delivery of the whole volume of sewage during the middle portion of the ebb tide.

When it is remembered that sewage contains one per cent. of organic matter; that the sewage itself will be diluted by several volumes of sea water, and that the whole will be discharged into the midst of the strong receding current of this

extensive tidal bay, it will be seen that the danger of contamination is reduced to a minimum. For the probable population of some years to come, it will be practically nil.

At some future time it may become necessary to construct an outlet to the ocean, with steam pumps, to secure delivery, or to arrange for the disposal of the sewage by agricultural irrigation, also with pumping. Under the conditions existing, neither plan could be afforded now. In the meantime the interest of their cost and maintenance would pay for the present works every four or five years.

The interior sewerage of the city, owing to the uniform and sufficient grades, is comparatively ample. The sewers will be constructed to receive foul drainage only—no roof water nor street water; they will be regularly flushed by automatic tanks, and will be thoroughly ventilated through house drains and soil pipes. They will be provided with the necessary branches for house connection, and with man-holes and inspection pipes of the best modern construction.

More than eighty per cent. of the length of the sewers will be six inches in diameter, and about four per cent. of the main sewer in the town, and the iron pipe connection with the reservoir, will be twenty-four inches in diameter.

Provision is made for the consumption of sixty gallons of water per day for each member of the population, and a production of a corresponding amount of sewage. When every lot within the sewer district shall be occupied, some of the sewers will run more than half full, leaving ample space for ventilating currents of air.

EXPERT TESTIMONY.

JUDGE C. C. FULLER, of Mecosta county, in the case of "State of Michigan vs. Vanimmans," decided, when a physician refused to testify on the ground that the evidence would be expert testimony, "after many years' study and observation, I decide that a physician's knowledge is his stock in trade, his capital, and we have no more right to take it without extra compensation than we have to take provisions from a grocery, without pay, to feed the jury. The court rules that the witness is not compelled to testify."—*Southern Clinic*.

SELECTED.

HOW TO TREAT HEMORRHOIDS BY INJECTIONS OF CARBOLIC ACID.

DR. CHARLES B. KELSEY thus summarizes in the *New York Medical Journal*:

As far as I have been able to reduce treatment to a matter of rule the results are as follows:

1. Use only the purest crystallized carbolic acid, the purest glycerine and distilled water in the preparations of the solutions. Each, when prepared, should be perfectly colorless and clear, the acid being in perfect solution. The glycerine is added to the solution of carbolic acid in water in just sufficient quantity to make a clear fluid, and the amount is not important. As soon as a solution begins to assume a yellowish tint, it should be replaced by a fresh one.

2. Use only the finest and most perfect hypodermic needles and a perfectly working, clean syringe with side handles. After each injection when the syringe is put away, clean it thoroughly to be ready for the next time.

3. The treatment may be applied to every variety of internal hemorrhoids, no matter what their size. It is not applicable to external hemorrhoids, either of the cutaneous or vascular variety, both of which may be treated by better means.

4. Before making an application, give enema of hot water, and let the patient strain the tumors as much into view as possible. Then select the largest—deposit five drops of the solution as near the center of the tumor as possible, taking care not to go too deep, so as to perforate the wall of the rectum and inject the surrounding cellular tissue. The needle should be entered at the most prominent point of the tumor. If the hemorrhoid does not protrude from the anus, a tenaculum may be used to draw it into view. After the injection has been made, the parts should be replaced, and the patient kept under observation for a few minutes to see that there is no unusual pain. The injection will cause some immediate smarting if it is made near the verge of the anus; if made above the external sphincter, the patient may not feel the puncture or the injection for several minutes, when a sense of pressure and smarting will be appreciated. In some cases, no pain will be felt for

half an hour, but then there will be considerable soreness, subsiding after a few hours. If it increases, instead of disappearing, and on the following day there is considerable suffering, which may not perhaps be sufficient to keep the patient on his back, but is still enough to make him decidedly uncomfortable, it is a pretty good indication that a slough is about to form. For the reason that it is impossible to tell absolutely what the effect of an injection is to be until at least twenty-four hours have passed, it is better to make but one at a visit and to wait till the full effect of each one is seen before making another. If on the second day there is no pain or soreness, another tumor may be attacked, and this will often be the case.

5. The strength of the solution must be regulated by the nature of the case, and in my own practice varies from five per cent. to pure crystallized acid. In a large, vascular, prolapsing tumor, which is well defined and somewhat pedunculated, five drops of pure acid may be used with the expectation of producing a circumscribed slough which will result in a radical cure. A thirty-three per cent. solution under the same conditions will probably produce consolidation and shrinkage without a slough, but the injections will have to be repeated several times. A small tumor which protrudes but slightly, is not pedunculated, and can be seen and felt as a mere prominence on the mucous membrane, may be cured by a single injection of a five per cent. solution, which will cause it to become hard and decidedly reduce its size, while an injection of a fifty per cent. solution might make considerable trouble, the remedy being too powerful for the disease. Guided by this principle, some experience will soon determine the choice of the solution. There is no arbitrary rule which can be applied to every case. As in any other surgical operation, some will be more satisfactory than others, and an occasional accident must be expected; but, on the whole, it seems to be the best method of treatment yet devised.

A drachm of sulphate of magnesia daily will cure the worst case of warts.

Two-grain pill of permanganate of potash, three or four times daily, is the most efficient remedy for amenorrhea.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

SPRING FEVER.

IN the nosological tables of the great "Systems of Medicine" which weigh down the shelves in the physician's library, one disease has been omitted. Possibly the compilers of these monuments of painstaking human labor wot not of its existence. Yet that there is such a disease this one of the three editorial heads of the PRACTITIONER knows by personal

experience. In fact he is just now struggling with an attack. The symptoms vary with age. In the schoolboy comes an utter weariness and lassitude as the hour of school-going arrives, and a doubt, freely expressed to his mother, as to whether he is able to undergo the fatigue of a day at the desk. He is certain the effect will be disastrous in the extreme should he be forced to go. Shakespeare, probably, had suffered in childhood from the disease, as he so tersely and clearly describes it in the couplet in that classic *Seven Ages of Man* —

“And then the whining schoolboy, with his satchel,
And shining morning face, creeping like snail,
Unwilling to school.”

Should the fond mother yield to the persuasive reasoning, that day is not spent in bed, but out in the green wood where the violets grow, and where drooping ferns hang over the brookside to touch the swaying tips of yet other ferns rising out of the mirrored waters. It is a day of bare feet and frolic, and long drawn out happiness, a day to sweeten by its memories other bitter days that are yet to come with the coming of the years.

To the sober visaged business man, or the sedate professor, the fever comes in a different way. The tread-mill of all the weary years has left its stamp too plainly upon him for frolic, and bird's-nesting, or kicking up of heels, but as the warm sun of the advancing spring streams in at his office window, the pen pauses over the unwritten page, and with eyes that have a far away look in them, he gazes back, past the city walls, past the toiling years, into the depths of long gone May days, when life was yet a thing of infinite possibilities of joy.

Some such pictures come up out of the past this sunny spring day to the tired editorial eyes — A brookside down in a cool ravine in one of the old Ohio valleys. Green walnut branches drooping over the banks, with long strands of wild grapes just touching the clear water which gurgles and drones among the white stones. Little minnows lazily turning their white sides up to the rays of sunshine that have strayed through the overhanging arch of trees, and stream like rods of transparent gold down through the cool depths to the pebbly bed beneath; and a scent of ground-ivy so subtle that it fills all the air — A winding foot-path, running through tansy beds in an old orchard. Apple blossoms flecking the pathway. The

droning hum of bees in the still air. Across the meadows the song of a bird, and the whistle of a ploughman going afield — A green sward, and a boy stretched on the grass, with hat-rim pulled half over his eyes, gazing at the white clouds slowly drifting by, and wondering, with a vague boyish wonder, what lay beyond the blue depths of the sky.

Brethren, the editorial head cannot write to-day of questions of pathology and epidemics; only it also wonders, with a dreamy wonder, will the time come, away on in the years, when we, and the social science men, and the political economists, shall be able so to remodel this jarring and tangled web of human existence that all men shall have plenty, and the bacillus shall cease from troubling, and the weary shall have rest. Utopians have dreamed of such a day.

EDITORIAL NOTES.

THE State Medical Society has decided to publish its transactions in a separate volume, and not pay to have them published in the *Pacific Medical and Surgical Journal*, as has been done during the last two years. We congratulate the *Pacific Medical and Surgical Journal* on the fact that it is no longer handicapped by the incubus of being a State Society organ, and that it is no longer obliged to publish all the good, bad and indifferent papers that are presented at the annual gatherings of the Society. The readers of that journal are also to be congratulated. To be an acknowledged, paid organ greatly narrows the scope and independence of any journal.

Col. Geo. E. Waring, Jr., whose article in this number of the SOUTHERN CALIFORNIA PRACTITIONER on the Sewerage of San Diego will be read with profit, has been engaged by the Board of Health of the city of Los Angeles to formulate a plan for the extension of the system of sewerage to accommodate a population of 200,000. His advice, through the exertions of Dr. J. A. Crane, has also been secured by the authorities of the prosperous young city of Santa Ana—thirty miles from Los Angeles. He is also employed as Consulting Engineer by the San Francisco Board of Health. San Diego deserves credit for setting the ball on motion.

Two Los Angeles quacks have folded their tents, like the Arabs, and silently stolen away. The noble picture of one of them no longer adorns the pages of our daily press. Thou art gone, but not forgotten. We are glad to see the authorities are awakening to the pernicious work of these scoundrels. We also take this occasion to urge all physicians who are entitled to a license, and have not secured the same, to send their credentials, and five dollars, at once to Dr. R. H. Plummer, 652 Mission street, San Francisco, and thus assist in the work of elevating the standard of the profession.

The treatment of phthisis by enemata of sulphuretted hydrogen is deservedly attracting much attention. Dr. H. C. Wood, editor of the *Therapeutic Gazette*, after using this method of treatment several times, says: "We are in the presence of a very important improvement of, or rather a very important addition to, medical therapeutics."

Two or three Los Angeles physicians are experimenting with this remedy, and we hope, by the June issue of the SOUTHERN CALIFORNIA PRACTITIONER, to be able to speak more authoritatively on this important question. Meanwhile the general practitioner will do well to remember that many therapeutic measures have become the fashion of the hour, then proven useless and vanished from the land. Work, hope and wait. A cure for consumption will yet be discovered—sulphuretted hydrogen may be the remedy.

Dr. I. W. Hazlett (Jefferson Medical College, 1879) made the PRACTITIONER a pleasant call recently, and proved his appreciation of our journal by paying two years' subscription. Dr. Hazlett is one of the prominent physicians of San Bernardino. After having four pulmonary hemorrhages in Philadelphia in 1881, he went to his present California home where he gained rapidly in health.

Dr. M. F. Price (Chicago Medical, 1875) is President of the San Bernardino County Medical Society; Dr. G. L. Hutchinson (Long Island College Hospital, 1884), Secretary; Dr. Jacob Allen (Medical College of the Pacific, 1872), Dr. A. H. Woodhill (College of Physicians and Surgeons, N. Y., 1866), Dr. S. M. Hamilton (Jefferson Medical College, 1853), comprise the Council.

TRANSLATIONS.

TRANSLATED FOR SOUTHERN CALIFORNIA PRACTITIONER.

New Methods of Treating Diphtheria. Collated from foreign journals by A. S. Adler, M. D., Globe, Arizona Territory.

Heubner uses with great success in diphtheria and scarlatina injections of a 3 per cent. solution of carbolic acid into the tissue of the tonsil and soft palate. While formerly twenty-one out of fifty-nine patients died without injection (35.6 per cent.), among twenty-one cases subjected to injections of carbolic acid, but four died (19.05 per cent.).—*Congr. of Int. Med., Wiesbaden, 1886.*

Rothe recommends hydrarg. iodid. rubr. in diphtheria and scarlatina in the following prescription:

Hydrarg. biniodid,	- - - - -	1-5, 1-4, 1-3 gr.
Potass. iodid.,	- - - - -	3 gr., 5
Aq. Dist.,	- - - - -	2 oz., 4 oz.
Tr. Aconit. rad.,	- - - - -	15 drops.

According to the age of the child give a teaspoonful to a table-spoonful every hour until the fever and local symptoms have disappeared. In forty cases treated thus the course of the disease was favorable, and relatively quick.—*Allg. Med. Central, Ztg.* 25, 1886.

Werner (St. Petersburger Med. Wochenschrift, 9, 1886) employs the following solution:

Hydrarg. chlorid, corroe,	- - - - -	1-3, 1-2, 5-6 gr.
Aq. Dist.,	- - - - -	5 oz., 6 oz., 10 oz.

Give every twenty or thirty minutes, arranged so that the whole quantity is taken within twenty-four hours; abundance of milk—no wine—nothing containing sugar; if fever present, give antipyrine; and, finally, applications of ichthyol upon the swollen glands of the neck.

S. A. Hjalmar Selldén (Report in *Allg. Med. Cent., Ztg.* 37, 1886) advises cyanide of mercury. That was recommended by Erichsen in 1877, and by Annuschat and Rothe in 1880. In 1881-86, Selldén treated 156 cases of diphtheria with the drug in question, and only lost four of them, and these were patients who were already in extremis, and under ten years of age. In the whole literature Selldén found 705 cases of

diphtheria treated with cyanide of mercury, with fifty-three cases of death (7.5 per cent.)

Hydrarg cyanat,	-	-	-	-	-	-	-	-	3 gr.
Tinct. aconit,	-	-	-	-	-	-	-	-	1-2 dr.
Mell., crude,	-	-	-	-	-	-	-	-	1 2-3 oz.
Aq. Dist.,	-	-	-	-	-	-	-	-	5 oz.

For an adult, every hour, a teaspoonful, or more; children, according to age, less. He allows an adult patient to gargle the following solution:

Hydrarg cyonid,	-	-	-	-	-	-	-	6 1-2 gr.
Ag. menth. pip.,	-	-	-	-	-	-	-	14 oz.

Gargle twice to four times every hour. If severe collapse is present, he gives one tablespoonful of oil of turpentine, or an emulsion of the same, with equal part of cognac, two table-spoonsful per rectum, and good food.

Prof. Hofmokl has introduced the peroxide of hydrogen into the treatment of diphtheria (Wr. Med. Pr., 18-19, 1886). Since October, 1885, he experimented with this substance, and in fifty cases of diphtheria he signifies it as a good and safe remedy.

Experiment has demonstrated that it diffuses easily through animal membranes; its rapid decomposition in contact with albumenoid bodies, and the slight elevation of the temperature that appears regularly after its administration, make it a possibility that the remedy is decomposed inside the organism, and during that act free oxygen is absorbed by the blood.

Of the fifty cases treated by Prof. Hofmokl with peroxide of hydrogen twenty-five underwent tracheotomy, ten of those died; of the twenty-five not tracheotomized, seven died; seven were in a dying state when admitted, and that brought forty-seven cases proper; seventy-four terminated fatal (29.79 per cent.); used, extensively, a 2 per cent. solution of peroxide of hydrogen with 1 1-2 per cent. of glycerine. The dose of this is a teaspoonful every hour or two.

Besides that he uses, with an atomizer, 1 per cent. solution of the same remedy. The wounds caused by the tracheotomy are dusted with iodoform, and iodoform gauze applied over the canula.

This medicine is taken by children without any struggle, and excites severe salivation—does not prevent the development of

the membrane—does not arrest the progress of the disease; but it seems to melt the membranes and to promote its expulsion, especially from the airy passages. In some cases it induces emesis, but not of a severe type. The general state of health seems to be influenced favorably, the appetite increases, and the slight rise of temperature is absolutely without any harm.

SPECIALS.

DR. P. J. KLINE (Miami Medical, 1871, Bellevue Medical College, 1874), of Portsmouth, Ohio, is spending a few months in Southern California. The Doctor is an entertaining, scientific gentleman.

Dr. J. H. Utley, Professor of Physiology in the Medical College of the University of Southern California, has removed his office to Callaghan Block, corner of Spring and Third streets, Los Angeles.

We reproduce elsewhere an excellent article from the April issue of the SOUTHERN CALIFORNIA PRACTITIONER, on the subject of the insanity plea in murder cases. It is about time that the morbid sympathy so frequently manifested for the worst class of murderers should receive some check, and that the insanity plea—always the defense when the murder is inexcusable and unprovoked—should give way to the demands of justice and the security of human life.—*L. A. Daily Herald*.

Miss Wolfe, owner of \$10,000,000, who lately died, paid Dr. William Todd Helmuth \$5,000 a year to doctor her. Mrs. Alexander T. Stewart retained three doctors at an aggregate cost of at least \$40,000, and called in one of them nearly every day. Mrs. William Astor pays to Dr. Fordyce Barker annually an average of \$20,000, always sending a check for double or treble the amount of each bill rendered. Her idea is that by rewarding his skill and vigilance liberally she will get the very best service of which he is capable. Mrs. Cornelius Vanderbilt's physician is Dr. W. S. Belden, and although her health is excellent he is consulted often, prevention being preferable to cure, doubtless, and the belief is that the prevention costs not less than \$10,000 annually.

The San Bernardino County Medical Society have begun the collection of a library and a supply of instruments.

The Los Angeles County Medical Society, at a largely attended meeting in April adopted the following: *Resolved*, That it is the sense of this Society that no physician should advertise a specialty, unless he confines his practice exclusively to that specialty.

Dr. John P. Gray gave the following simple classification of insanity: *Mania*, manifested by delusions of excitement, expansive ideas, exaggerations, self-consequence, incoherence, etc. *Melancholia*, manifested by delusions of depressing character, painful ideas and apprehensions. *Dementia*, representing conditions of mental failure and feebleness of mental action. All cases of insanity come under these three heads. Cases may be acute, chronic, periodic, paroxysmal, but they are mania, melancholia or dementia.—*Medical Record*.

At the State Society's annual meeting last month, Dr. Albert Abrams, of San Francisco, as chairman of Committee on Histology and Microscopy, reported in the main all recent progress made in micropathology during the past year. He also presented a series of researches on the finding of the elastic fibres and bacilli of tuberculosis in the sputum as diagnostic of phthisis. The result of his investigations proved that the finding of the elastic fibres could equally be relied on in diagnosing phthisis as the presence of the bacilli. The writer also advocated the establishment of a State Hospital for consumptives, in some locality where the patients could enjoy all the climatological advantages of this State.

The Los Angeles County Medical Society, at its April meeting, had a very interesting discussion of vaccination, following the reading of a paper on that subject by Dr. J. H. Davisson. The discussion was participated in by Drs. Hagan, Orme, Walter Lindley, Stevenson, McCarty, Page, Cole, Seymour, Murphy, Will. Lindley, McGowen, Brainerd, Fitz Gerald, Green, Bicknell and others. While the general sentiment was in favor of bovine virus, there was quite an important minority, ably lead by Dr. Hagan, who favored the more extensive use of humanized virus. Dr. Page, an ex-Boston practitioner, intimated that the propagation of bovine virus was simply a money-making scheme of his fellow-townsmen, Martin.

Read the Rio Chemical Co.'s ad. Try acid mannate—it is a useful laxative.

Our readers will find it profitable to read Parke, Davis & Co.'s advertisement. See last page of cover.

Drs. H. S. Orme and Will. E. Lindley represented Los Angeles in the State Medical Society, while Dr. D. McSwegan did the honors for San Diego.

Prof. R. H. Plummer, 652 Mission street, San Francisco, is the new President of the California State Medical. A well merited reward for ability and faithful service.

Mr. Howard Sale, of 268 South Spring street, Los Angeles, the Pacific Coast agent for C. W. Kolbe's obstetrical and surgical instruments, says he supplies instruments ten per cent. cheaper than San Francisco dealers. He has an excellent line of goods.

GYNECOLOGICAL CHAIR.—M. S. Hopper will call on every physician in Southern California in a few days in the interest of "Clarke's gynecological chair." Has sold sixteen the past three days in Los Angeles—over 1,900 the past year. Buy no other until you see him.

NEW LICENTIATES.

At the regular meeting of the Board of Examiners, held April 7, 1887, the following physicians, having complied with the law and all the requirements of this Board, were unanimously granted certificates to practice medicine and surgery in this State:

Lewis Carpenter, M.D., Lakeport, Missouri Medical College, Mo., March 3, 1885.

Philip F. Casey, M.D., Stockton, Medical Department University of Buffalo, N. Y., February 21, 1882.

Asahel H. Davis, M.D., Pasadena, Cincinnati College of Medicine and Surgery, Ohio, June 12, 1863.

Thomas A. Davis, M.D., San Diego, Missouri Medical College, Mo., March 4, 1873.

Robert A. Ellis, M.D., Pasadena, Kentucky School of Medicine, Ky., June 29, 1882.

William H. Green, M.D., Beaumont, Missouri Medical College, Mo., March 5, 1879.

Frank Hereford, M. D., San Diego, Missouri Medical College, Mo., March 2, 1877.

George P. Holman, Jr., M. D., San Diego, College of Physicians and Surgeons of New York, N. Y., February 27, 1873.

John Larkin, M. D., Oakland, Medical Department Tulane University, La., March 31, 1886.

Charles G. Reily, M.D., Danville, Missouri Medical College, Mo., March 6, 1883.

Harry E. Snow, M. D., Fresno, Rush Medical College, Ill., February 15, 1887.

J. Dorsey Sponogle, M. D., Santa Rosa, Long Island College Hospital, N. Y., June 2, 1886.

Albert M. Taylor, M. D., Oakland, Missouri Medical College, Mo., March 6, 1883.

George W. Varnume, M. D., Elsinore, Medical Department of the University of Pennsylvania, Penn., April 4, 1845.

John F. Wilson, M. D., San Jose, Columbus Medical College, Ohio, March 5, 1881.

Barnabas W. Day, M. D., San Diego, Royal College of Physicians and Surgeons, Canada, May 11, 1871; and University of Queen's College, Canada, March 27, 1862.

The application of C. C. Phillips, of Tulare, was rejected on the ground of "insufficient credentials."

R. H. PLUMMER, M. D., Secretary.

BOOK REVIEWS.

DISEASES OF WOMEN: A Hand-book for Physicians and Students.

By DR. F. WINCKEL, Professor of Gynecology, and Director of the Royal University Clinic for Women, in Munich. Authorized Translation, by J. H. WILLIAMSON, D. D., Resident Physician, Allegheny General Hospital, Allegheny, Pennsylvania; under the supervision and with an Introduction, by THEOPHILUS PARVIN, M. D., Professor of Obstetrics and Diseases of Women and Children in Jefferson Medical College, Philadelphia. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1887. Pages, 674; price, \$3.

Professor Winckel is to-day the acknowledged leader of German Gynecology. His recent visit to the United States was one continuous ovation, in which such men as Engelmann, of St. Louis; Munde, Thomas, Emmet, Hunter, Gill Wylie and Fordyce Barker, of New York; Skene, of Brooklyn; Parvin and Goodell, of Philadelphia, and other prominent gyne-

ecologists throughout this country vied with each other in doing him honor.

The work before us is the result of many years' rich experience, and, at variance with the usual German works on therapeutics and surgery, it is characterized throughout by conservative teachings. He says he has discarded drainage after laparotomy; also that acute peritonitis is, instead of being an indication for postponing laparotomy, almost always absorbed by that operation. The chapter on displacements and malformations of the uterus is very complete.

While we believe the works of American gynecologists are the best guides for American physicians, yet we believe every practitioner should extend his field of vision by studying this excellent German book, and placing it for reference in his library.

MANUAL OF OPERATIVE SURGERY. By JOSEPH D. BRYANT, M. D., Professor of Anatomy and Clinical Surgery, and Associate Professor of Orthopedic Surgery, Bellevue Hospital Medical College; Visiting Surgeon to Bellevue Hospital; Consulting Surgeon to the Bureau of Medical and Surgical Relief of Bellevue Hospital; Consulting Surgeon to the New York Lunatic Asylum and to the Northwestern Dispensary. Eight hundred illustrations. New York: D. Appleton & Co. 1887. Cloth, 530 pages.

The title of this work is no misnomer. Take the chapter on "Agents for Controlling Hemorrhage," it occupies nineteen pages, contains many illustrations, and will prepare the young practitioner so that he will be relieved from embarrassment in many emergencies. The chapter on "Ligature of Arteries" is another valuable one, and in it again we must commend the illustrations as well as the text. In the chapter on "Operations on Veins and Capillaries" there is a graphic and complete description of the most approved methods of transfusion. There are also chapters on "Operations on the Nervous System," "Operations on Bones" (60 pages, very complete); "Amputations" (70 pages), and Deformities. The chapter on "Plastic Surgery" is very noteworthy. Following it is the chapter on "Operations on the Mouth, Pharynx, and Æsophagus," "Operations on Hollow Viscera in Contact with Serous Surfaces," "Operations on the Urinary Bladder," "Operations on the Penis and Scrotum," and a chapter on "Miscellaneous Operations."

Professor Bryant's many years experience as a teacher of surgery has led him to realize the demands for his work.

HANDBOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS, including the Physiological action of Drugs, the Special Therapeutics of Disease, Official and Extemporaneous Pharmacy, and minute Directions for Prescription Writing. By SAM'L O. L. POTTER, M.A., M.D., Professor of the Theory and Practice of Medicine in the Cooper Medical College of San Francisco; author of Quiz Compendis of Anatomy and Materia Medica, an Index of Comparative Therapeutics, and a Study of Speech and Its Defects; late A. A. Surgeon U. S. Army. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1887. Price, cloth \$3.00, leather \$3.50.

The author begins by dedicating the work to his wife. The first part gives a description of the Physiological Action and Therapeutics of all remedies the physician would be interested in, including such lately discovered remedies as antipyrine, antifebrine and salol. The next chapter is devoted to the classification of medicines. Then follows a chapter on Official Pharmacy, including "official operations," "official preparations," "weights and measures," "extemporaneous preparations."

The article on "Prescriptions" is very practical and explicit, and the author, deprecating renewals by druggists, takes occasion to say: "If physicians boldly took the dispensing of medicines more into their own hands many evils would soon eliminate themselves from the drug stores. Right here, it may be said, that there is nothing unprofessional or derogatory in the dispensing of his own medicines by the physician. In England it has been the universal practice for centuries in all places, except the largest cities, and it has only been given up by a part of the medical profession as a matter of convenience, not as a right. The homeopaths fought for the reclamation of this practice as a right belonging to the medical profession, and succeeded in its legal establishment, but not from a worthy motive. They dispense their own medicines in order to cover up the many frauds of which they are daily guilty, and to give them the power of administering full doses of powerful drugs in a form which is apparently 'homeopathic,' with no tell-tale prescription on file in a drug store to give mute but dangerous evidence against their honesty. In this way they administer several grains of calomel, or eighth-grain doses of morphine, or correspondingly large quantities of active alkaloids, triturated with sugar of milk or dissolved, as many of the latter may be, in alcohol. Chemistry, by isolating the active principles of plants, and furnishing them to commerce in the form of soluble salts, has enabled the homeopath to practice this

fraudulent method of dispensing drugs, which the innocent and ignorant patient, who believes in the power of the minimum dose, supposes to be infinitesimal in amount. But the physician of the regular profession is too apt to think that if he adopts a practice which these quacks have appropriated to themselves, he may be classed with them by his professional competitors. Hence, many regular physicians are absolutely afraid to use such drugs as aconite, belladonna, gelsemium, arnica, rhus, etc., all of which are official, and most of which are older than homeopathy in medicine; and avoid pocket-cases, drachm vials and triturations, as badges of charlatanism.

"It is high time that we asserted our independence in all these matters, and made use freely of those means which are recommended by our individual judgments as promotive of the results to our patients and to ourselves. With a small stock of reliable fluid extracts, such as are manufactured by Parke, Davis & Co., of Detroit, * * * * * an equally moderate supply of gelatine-coated pills and compressed tablets from the best houses, such as McKesson & Robbins, Schieffelin & Co., Warner & Co., Wyeth & Co., physicians could check-mate the unscrupulous practices of many druggists to a great extent, save their patients many dollars, and retain many a dollar for their own pockets; which, under the present system, goes to their enemies. The homeopaths understand the money part of the argument well. When their patients' medicine is exhausted, the doctor must be seen for a fresh supply, meaning, of course, another consultation about symptoms, a change perhaps from *mercurius dulcis* to *mercurius vivus*, and another fee. The expense is nothing, sugar of milk being cheap, and there is no prescription in the patient's pocket-book, to be removed scores of times (paying toll, however, every time to the druggist), and finally to be copied by aunts, mothers and friends as a sovereign remedy for a cough, or a really wonderful receipt in a case of croup." Speaking of the druggist filling the prescription, the author says: "The prescription should first be slowly read over in a critical spirit, but no word or action of unfavorable criticism should reach the ears or eyes of the messenger. To shrug the shoulders while scanning the items, to laugh or even smile at the phraseology, to question the person offering it as to whom it is for, or what complaint it is given for, are in-

stances of such flagrant treason to the prescriber as would justify his kicking the offender with a copper-toed boot."

The last division of the work is taken up principally by Special Therapeutics, and gives in a nutshell the methods of treating the various diseases the practitioner is called upon to contend with.

To the student and busy practitioner this book presents a ready means of quickly getting the very latest essential facts in regard to therapeutics.

GRANULAR LIDS AND CONTAGIOUS OPHTHALMIA. By W. F. MITTENDORF, M. D., Ophthalmic Surgeon to the New York Eye and Ear Infirmary, Bellevue Hospital Out-Door Department, etc. 1886. Geo. S. Davis, Detroit, Mich.: pages 110, price 25 cents; being volume X of the Leisure Library Series. For sale by Stoll & Thayer, No. 3 South Spring street, Los Angeles, Cal.

The first chapter is on Methods of Examination and Means of Diagnosis. Where there is dread of light, an irritable eye, or where the opening of the eye is painful, a few drops of a weak solution of cocaine should be instilled into the conjunctival sac, which in a few minutes will render inspection of the eye-ball easy. The author says no person who is in the habit of examining eyes will use a probe or penholder to evert the upper lid.

The second chapter is on Symptoms and Pathology of Conjunctivitis, and gives a vivid, clear but concise description of the different forms of this disease.

The third chapter is about Granular Lids or Trachoma, which condition, the author says, is characterized by the presence of a special micrococcus. Oriental nations suffer more from granular lids than the inhabitants of Switzerland. The negro race is almost free from it, whereas it is of frequent occurrence in Ireland. It is frequently carried from one country to another by armies or emigrants, and English authors blame the Jews and Irish for spreading it all over the world.

The fourth chapter gives the Causes of Conjunctivitis. Dusty streets is mentioned among many other causes. Snow is another cause spoken of, and the author says: "The Esquimaux protect themselves by means of wooden spectacles, which have small central openings, and serve to keep out light as well as snow."

The last two chapters are on the Treatment of Conjunctivitis and Granular Lids, and are of great practical value, especially to the student and general practitioner.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION, FOR MARCH, 1887.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.

Los Angeles, California.

Month of March, 1887.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & Hundredths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	62.0	77.0	48.2	.00	Mean Barometer, 30.052
..... 2	57.3	72.0	42.3	—	Highest Barometer 30.194 date 5.
..... 3	53.7	69.0	50.1	.23	Lowest Barometer, 29.910, date 21.
..... 4	54.8	62.3	45.3	—	Monthly Range of Barometer, 284.
..... 5	53.9	64.0	44.3	*. —	Mean Temperature, 59.1.
..... 6	55.7	68.4	44.1	*. —	Highest Temp'ture, 85.0, date 9, 10.
..... 7	54.4	67.5	43.3	*.01	Lowest Temperature, 41.1, date 14.
..... 8	55.7	73.5	41.8	*.01	Monthly Range of Temperature, 43.9
..... 9	65.3	85.0	48.6	*. —	Greatest Daily Range of Temper- ature, 36.4.
..... 10	66.2	85.0	48.7	.00	Least Daily Range of Tempera- ture, 9.9.
..... 11	60.6	75.8	46.9	*. —	Mean Daily Range of Tempera- ture, 26.2.
..... 12	56.5	71.6	44.1	*. —	Mean Temperature this Month
..... 13	55.0	64.0	47.7	*. —	1879.. 58.5 1882.. 55.3 1885.. 60.6
..... 14	55.3	70.0	41.1	*.02	18 0.. 51.1 1883.. 56.7 1886.. 54.3
..... 15	59.3	75.3	48.1	.00	1881.. 55.8 1884.. 54.8 1887.. 59.1
..... 16	54.2	67.5	42.3	*.01	Mean Daily Dew Point, 51.4.
..... 17	57.8	66.3	52.1	.01	Mean Daily Relative Humidity, 78.5
..... 18	57.7	67.0	47.7	*. —	Prevailing Direction of Wind, W.
..... 19	56.7	68.5	43.2	*. —	Total Movement of Wind, 3823 miles.
..... 20	58.4	75.5	44.3	*. —	Highest Velocity of Wind and Direction, 18, W.
..... 21	65.3	79.2	43.3	*. —	Total Precipitation, .29.
..... 22	70.0	84.0	51.9	.00	Number Days .01 inches or more Rain fell, 2.
..... 23	70.3	84.0	52.1	.00	Total Precipitation (in inches and hundredths) this Month
..... 24	60.7	74.0	44.6	.00	1879.. .49 1882.. 2.66 1885.. .01
..... 25	56.6	66.0	46.2	*. —	1880.. 1.45 1883.. 2.87 1886.. 2.52
..... 26	58.2	69.3	48.5	*. —	1881.. 1.66 1884.. 12.36 1887.. .29
..... 27	61.7	78.0	46.2	*. —	Number of Foggy Days, none.
..... 28	61.6	83.2	50.0	.00	" " Clear " 18
..... 29	58.5	72.8	44.7	*. —	" " Fair " 12
..... 30	59.8	69.0	53.3	.00	" " Cloudy " 1
..... 31	59.8	75.0	44.3	*. —	Dates of Auroras, none.
						Dates of Solar Halos, 16, 30.
						Date of Lunar Halos, 3.
						Dates of Frost-Light, none.
						Killing, none
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

The — indicates precipitation inappreciable.

GEORGE E. FRANKLIN,

Sergeant Signal Corps, U. S. Army.

NOTES: Barometer reduced to sea level and standard gravity. The dash (—) indicates precipitation inappreciable.

Wm. S. Duncombe & Co. are the only San Francisco dealers who advertise in the SOUTHERN CALIFORNIA PRACTITIONER. Read their list of books and bandages. There never was a more reliable house than Duncombe & Co.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. II.

LOS ANGELES, CAL., JUNE, 1887.

No. 6.

ORIGINAL.

TEMECULA HOT SPRINGS.

BY H. WORTHINGTON, M. D., LOS ANGELES.

SOME twelve years ago, while I was seeking health in the Temecula country, I met one day an old-fashioned Mexican *carita* drawn by two mules, driven by an Indian boy, and in the bottom of this strange vehicle lay an old man quite unable to move. Out of curiosity I examined this man. He was suffering from chronic rheumatic arthritis of several years standing, and he had traveled from Lower California (about 300 miles) to visit the celebrated Temecula Hot Springs. Having become interested in his case, I watched the effects of the waters on him. This was in July, 1874. Three months afterward I was much surprised one day to see this same old fellow drive the *carita* himself, and I then learned that his rheumatic joints had been quite restored to their normal functions by a three-months' course of bathing. Since that time I have known many cases of rheumatic diseases either cured or much relieved by drinking and bathing in these waters.

These hot springs are situated in the northern part of San Diego county, about three miles from Murietta colony, in the foothills, having an altitude of some 1200 feet above the sea-level. The waters emerge from the side of low lime hills, and, filtering through the earth, form a sort of limited *cienea* or marsh, and collecting at a lower point flow as a small stream until they are lost in the sands of a dry creek.

The medicinal properties are due to sulphur, iron and soda salts, as follows :

Bisulphate of Potash,
Bicarbonate of Soda,
" " Potash,
" " Lime,
" " Magnesium,

Bicarbonate of Iron,
" " Manganese,
Chloride of Sodium,
Free carbonic acid.

The temperature is about 144° F., hot enough to boil an egg in from five to six minutes. These springs are well known—I may say celebrated—throughout this region, and even into Baja California and Sonora, so that for years they have been the resort of the natives and others. As in the instance of the old man referred to, many have made pilgrimages from great distances.

The climate of this region is, perhaps, somewhat different from that of any other part of Southern California—in fact, the winters are colder and the summers hotter—the changes more decided; and I am fair to say that, in many cases, this may be a desideratum quite as desirable as the most ideal equability. In the summer season, that is from June to November, one may get extreme dry-heat; in the winter extreme dry-cold, not the harsh chilliness of the East, but the tempered, bracing cold of a sub-tropical region. So much is said about equable months in these days, that I think this hot springs region is rather unique, in its having a climate hot in summer, withal so dry and bracing, and in winter an exhilarating dry-cold, without extreme altitude.

There are certain pulmonary diseases that require these very climatic elements, and I have seen many cases of lung troubles at once improve upon a removal to this district, after having exhausted, apparently, the climatic benefits of other more popular regions.

In 1876 I examined H. L. B., a young man of 25—cavity in right apex, extensive adhesions posteriorly—who had tried several other climates, but who was evidently becoming worse monthly. I advised the hot springs country. In November, 1886, the apex had cicatrized, and the fibroid condition at the posterior base I do not consider serious.

In 1877 I sent a patient to this same region, who was evidently in the third stage of phthisis. After a residence of some four years in this neighborhood, this patient did so well that he returned home to New York, and is still living.

A case of asthma that had resisted every treatment, making life well-nigh intolerable, has perfect relief when at Temecula.

A gentleman, who was an intense sufferer from chronic bronchitis and cardiac dilatation, went to the hot springs some fifteen months ago, and got such surcease from his bronchial catarrh that he now has little discomfort from cough or dyspnea.

A great many cases of rheumatism I know of, that have been quite cured by these waters; two intractable cases of urticaria; a severe case of psoriasis rubra, that had resisted arsenic and strychnine; one rather bad case of so-called muscular rheumatism; several cases of cystitis, one my own patient, whom I could not cure by ordinary treatment; a case of chronic cellulitis of left broad ligament, with successive agonizing attacks of suppuration, was relieved by the hot baths, hot vaginal injections, and drinking large quantities of the water, more than by any other treatment; and so on, I could adduce many other cases from my own and others.

The above, of course, is the best side of the picture, but these are enough successful cases to test fairly the remedial value of these waters.

Thus, here we have a climate dry, bracing, temperate, with a decided change through the seasons, suitable for cases of pulmonary, bronchial and rheumatic affections—cases, probably, that do not do well under more equable and less exhilarating climatic conditions; altitude moderate, soil perfect, strong dry winds, good water, long, rolling valley, surrounded by high hills or mountains, accessible to the pine regions, and in addition medicinal springs, valuable in many chronic diseases—known to have effected positive cures in some cases. Are these not desiderata worth recording? I am far from ascribing to the hot springs region all the advantages claimed by other more vaunted and popular places; but, among the bountiful gifts nature has given to Southern California, not the least, I believe, is the Temecula Hot Springs district.

The subjoined table was kindly given me by Dr. A. M. Lawrence, who lives within three miles of the hot springs, at Murrieta:

ELEVATION, 1,090 FEET; LATITUDE, 33° 32' 24"; LONGITUDE, 117° 10' W.

	1885.						1886.					
	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
Mean temperature.....	70.94	75.95	67.48	61.15	54.52	49.47	49.49	51.0	49.87	54.12	6.20	64.95
Highest "	105	111	107	100	80	80	77	80	80.6	78	98	98
Lowest "	57	58	45	35	27	27	21	31	30	34	44	48
Mean humidity.....	57.38	57.21	61.10	63.46	71.04	70.59	78.20	72.34	84.54	79.21	77.11	76.79
Prevailing wind	S W	S W	S W	S W	S W	S W	S W	S W	S W	S W	S W	S W
Total rainfall	0	0.7	0	0	5.15	0.74	10.66	0.48	5.94	3.79	0	0
No. days on which rain fell	0	1	0	0	8	5	8	2	8	4	0	0

PRESENTATION OF A PHTHISICAL LUNG SHOWING THE
LOCAL EFFECT OF INTRA-PULMONARY INJECTIONS
OF CARBOLIZED IODINE.*

BY JOHN BLAKE WHITE, M. D.,

*Physician to Charity Hospital, New York; Consulting Physician to House
of Refuge, R. I.*

MR. PRESIDENT AND FELLOWS OF THE ACADEMY: The results which I have obtained from intra-pulmonary injections in the treatment of Phthisis Pulmonalis during the past year have greatly aroused my enthusiasm and confidence in the possibilities of the procedure as a means of treatment in this class of patients and will be my excuse for asking your attention while I offer a few remarks upon the subject, and at the same time exhibit a pathological specimen which I believe will prove of some interest to you.

Intra-pulmonary medication in consumption seems to be very rational treatment, and experience thus far demonstrates that it is. Three valuable contributions to the literature of the subject have been presented by Pepper, (*a*) of Philadelphia, who unhesitatingly speaks of benefit resulting from intra-pulmonary injections. Beverley Robinson, (*b*) of New York, also recorded valuable experience and alluded to good results which have followed the treatment. Gougenheim, (*c*) of Paris, experimented with Bichenside's solution in varying strengths in thirty-three cases of phthisis, and declared that immediate improvement resulted in twenty-one of the patients thus treated.

(*d*) My personal observations have verified the good results which follow intra-pulmonary injections in phthisis and I have had the opportunity to report a case of recovery thus treated. (*e*) The progress of this patient under treatment was watched with interest by these professional friends, who share with me gratification over the results of the various solutions which have been used or may be used for intra-pulmonary medication. My personal preference has been for a combination of carbolic acid with tincture of iodine, to which is added a small amount

*Read before the Academy of Medicine, Dec. 2, 1886.

a. American Journal of Medical Sciences, July 1874.

Ibid., October, 1874.

Transactions American Medical Association, 1880.

b. Medical Record, January 10, 1885.

c. British Medical Journal.

d. Medical Record, May 22, 1886.

e. *Ibid.*, Nov. 13, 1886.

of morphia and atropia—the advantage of which will readily occur to you. With the precautions I use, the least degree of irritation follows the use of this solution and certain important results are realized.

The cough is controlled, the expectoration is lessened, the nights-sweats are checked, the appetite improves and local soreness abates, the cavity is relieved while its condition is changed, suppuration is antagonized and cicatrization promoted. The specimen herewith exhibited is the left lung of a patient who manifested decided improvement after having received three intra-pulmonary injections of carbolized iodine solution, but died six weeks after the last was administered. The following in brief is a history of the case:

P. W., aged 46 years, single, born in Ireland, milkman by occupation; was admitted to Charity Hospital, January 26, 1885; gives no family history of phthisis. Always enjoyed good health up to five years ago, when he first contracted a severe cold and subsequently suffered from a protracted cough; within the past year has been coughing incessantly, accompanied by profuse muco-purulent expectoration and gradual emaciation. Did not complain of night-sweats on admission to the hospital, but appeared both anæmic and very much debilitated.

Physical examination of the chest revealed dullness on percussion over both lungs, but especially over the left. Loud gurgling crepitation was heard at left apex with cavernous breathing.

March 19. Had several attacks of hæmoptysis which resulted in great prostration.

March 28. Complained of pain in the lower extremities which bandaging relieved.

April 2. Has felt somewhat better, but has paroxysms of cough at times which continue for fifteen minutes and prove very distressing. These paroxysms recur more frequently at night and result in fibrinous expectoration. Complains of night-sweats.

June 1. Was discharged from the hospital at his own request. Third stage of phthisis well advanced.

July 28. Was re-admitted in a very weak condition. No more notes of the case were found recorded until July 19, 1886, when I first saw the patient and make a careful examination

of his chest. The left lung upon physical exploration revealed a large cavern in active state of suppuration. The patient was greatly emaciated, exceedingly weak and was much disturbed with cough, profuse expectoration, anorexia night-sweats and insomnia. The case was selected for intra-pulmonary medication solely as a severe test of the recuperative powers of the method of treatment without any expectation of permanent relief being obtained. Ten minims of carbolized iodine solution was injected into the cavity through the first intercostal space and was followed by no reaction. A second injection was administered the following week and was also followed by no noticeable reaction.

After these two injections the 'patient's cough, night-sweats and expectorations were perceptibly modified, and he so far improved that he manifested daily inclination and ability to exercise about the ward. He declared that he felt better, had a better appetite and was disturbed less at night by cough.

August 30. A third intra-pulmonary injection was administered of twenty-five minims of carbolized iodine solution which was followed by a brief paroxysm of cough. No ill results were observed from these injections, but, on the contrary, there were many evidences of improvement in the general condition of the patient, which were also observed and recorded by my house physicians, Doctors, W. H. Harrison, F. R. Glover and W. C. Gilley. In obedience to the usual rotation, my services drew to a close at this point and the intra-pulmonary injections were discontinued.

The patient died October 13, six weeks after the last injection was performed.

The autopsy revealed the right lung studded with tubercles, and some pleuritic adhesions were discovered. The left lung which is herewith exhibited, manifested extensive pleuritic adhesions, which have so firmly bound together the upper and lower lobes that their individuality cannot be determined readily. The pericardium was firmly united to the pleura in such a manner as to excite some astonishment that the functions of the heart were not materially interfered with during life. The lung itself manifests a cirrhus appearance with a large elongated excavation, at the lower portion of which several irregular cavities of smaller size ramify, join and communicate with the main cavity.

At the apex, where the carbolized iodine solution was injected, there appears a space more or less tinged, presenting a puckering or cicatricial appearance in marked contrast to the pulpy, ulcerative and progressive changes at the dependent portion, and very clearly demonstrates the local value of intra-cavernous injections in the treatment of such cases. Very little pus was found in the cavity.

During the patient's life, and after the pulmonary injections were given, the auscultatory sounds indicated a dry condition of the upper portion of the cavity, while large crepitation was discovered at the lower portion.

We have thus been permitted to observe that the intra-pulmonary injections have tended to promote inspiration of that part of the cavity with which they were injected and the progressive disintegration of lung tissue notably controlled, which state of things was practically indicated during the patient's life by lessening cough and expectoration.

Certain points of interest and value are clearly defined by this specimen. First, the injections entered the cavity. Second, no injury was inflicted by the operation, nor does it appear how any damage could be done, if due care and skill is used in operating. Third, the post mortem appearances of the cavity demonstrate the local value of intra-pulmonary injections, arrest of night-sweats and other evidences of physical improvement.

491 Madison avenue.

UMBILICAL HEMORRHAGE.*

BY T. J. MC CARTY, M. D.,

Lecturer on Chemistry and Toxicology in the Medical College of the University of Southern California.

HAVING had two cases of umbilical hemorrhage in infants within the last three years, one of quite recent date and in this city, and as the affliction is of rare occurrence and the mortality high—it being estimated that five die out of six—I have thought it worthy to be made the subject of a paper before this Society.

By umbilical hemorrhage we do not mean bleeding from

*Read before the Los Angeles County Medical Society, March 11, 1887.

granulations that sometimes form at the umbilicus soon after the separation of the cord, nor the hemorrhage that follows the accidental slipping of the ligature from the cord, but a free and copious bleeding from the center and sometimes sides of the umbilicus, as if from widely open and patulous vessels after detachment of the cord. The blood may be either arterial or venous or both; it swells up slowly and continuously, never spurting, and as a rule resists all ordinary means of arrest.

The literature on the subject is sparse and that which I have obtained exhibits a diversity of opinions as to the underlying cause, but that there is a blood dyscrasia manifested by feeble coagulability of blood is plainly evident, and that this condition can be brought about by various bad conditions of health is well known. It may have its origin during either intra or extra uterine life, any malnutrition being capable of producing a non-plastic condition of the blood; syphilis, tuberculosis and the hemorrhagic diathesis have each been charged with being the common cause of the trouble, and infantile jaundice, which is frequently associated with the hemorrhage, is suspected as sometimes being the exciting cause, but nowhere is the quality of the food furnished the infant taken into much account as having any bearing upon the mischief.

The first case that came under my notice was one belonging to my former partner, Dr. G. B. Buckingham. It was a female child and as near as I can remember about eight days old. It was plump and had the appearance of a healthy child at birth, the family history was good so far as any hereditary taint was concerned, both parents were healthy though not robust. The cord became detached in due course of time and shortly following that the hemorrhage began; coexistent with this was marked jaundice and general ill condition, the child nursed ravenously, though without any apparent satisfaction, was restless and emaciated to a degree out of proportion to what the small amount of blood which it had lost would bring it.

The hemorrhage at first appeared such as might easily be checked; a light compress and bandage was used with considerable confidence that it would answer the demand, but it failed; then another of a different fashion with the same failure; the blood would not coagulate, but persisted in soaking through the bandages and remaining thin and watery. Styp-

ties with and without compression were tried but to no purpose; and finally, as a last resort, needles with ligatures were employed with certain knowledge that they would at least stop the hemorrhage for a time which they did very nicely, but the application of the ligatures made strangulation of a small amount of tissue unavoidable; this then left the unpleasant prospect in view of a possible recurrence of the hemorrhage when the slough separated, unless the child's condition could be greatly improved before that event, and as there would be destruction of tissue in which to fasten the needles where was not much to spare, then a second ligation would be difficult. But when the bleeding is once arrested then there comes a breathing spell and gives one a chance to employ constitutional treatment and if possible remove the cause of the trouble; and right here is the golden opportunity which possibly is sometimes neglected, that of generously feeding the infant with a strong healthy food to bring it up to the normal standard as rapidly as possible. In one case this condition we lost no time in trying to bring about. We had from the beginning given small doses of paregoric, just enough to partially quiet the child and because there was such excessive jaundice which might be owing to inactivity of the liver, and partly as a revulsive we had given minute dose of calomel frequently repeated. But early in the case the mother's milk attracted attention; it appeared unusually thin and watery although abundant, and on closer examination it was found to be sadly insufficient in quality, and thus while the child had been taking great quantities of milk it really had received but very little substantial nourishment. The mother's milk was ordered discontinued, much to the grandmother's discomfort and under her solemn protest, and the best brand of condensed milk substituted with orders to feed it freely. This seemed to satisfy it quickly, it wanted to nurse at much longer intervals, a rapid change for the better came over it, and by the time the needles were ready to slough out it had about regained the appearance of a healthy child. The jaundice quickly disappeared, its crying ceased after the first few feedings, and what had appeared a hopeless case was rapidly transformed into one of comfort and confidence. The needles came away easily, the wound healed nicely and under the artificial feeding the child became healthy and strong.

The other case, which I had a few weeks ago in this city, was very similar to the first. The infant was ten days old and a female; there was some jaundice and considerable emaciation which the mother stated had existed prior to the beginning of the hemorrhage, although she said it had been healthy at birth. As in the first case the child nursed greedily and seemed unsatisfied. The bleeding was apparently not very excessive, but was continuous and resisted the usual methods of arrest. I treated it almost identically as the first and with the same gratifying results. The needles and the ligature were employed and the mother's milk, as it was of improper quality, was withdrawn and condensed milk substituted. In this case as in the other the needles sloughed out beautifully and my fears of secondary hemorrhage proved premature, the wound healed kindly and the baby built up fast. Now of course the arrest of hemorrhage at the time is of primary importance and if not attended to properly the child must of a necessity perish, and no amount of artificial feeding, however early resorted to, would avail anything; and on the other hand if, after the hemorrhage had been arrested by needles and ligature, and no other source of nourishment than the mother's milk has been provided and it should be as poor in quality as was the case in my two experiences, then the child would be very poorly fortified against the dangers of secondary hemorrhage which I am prepared to believe would most surely ensue, and then all further attempts to save the child might as well be abandoned. So next to the importance to the arrest of hemorrhage, if not equal to it, is attention to the nourishment furnished.

It might not be that in many cases is the mother's milk at fault, but since I found it faulty in both my cases, I am persuaded to believe it the same in many others. I am willing to acknowledge that may be the calomel early administered had a great deal to do with the successful issue of the cases by acting as a derivative or by relieving some engorgements of the liver which might have produced the jaundice, hence the deteriorated condition of the blood; but I would rather believe that the icteric hue was caused by some destructive process of malnutrition that the liver did not cause it, but that it was haemataginous, and that while molecular disintegration was going on rapidly, as is the case always in

early life, hastened possibly by gastro-intestinal disturbances caused by unwholesome milk, and presumably, also, by some other force not understood—that while this destructive process was going on there was not the neutralizing and compensating elements present which wholesome, sustaining food supplies, and thus a morbid condition of fluids was produced and maintained, manifested by non-plastic blood as well as by yellow skin.

Now, the chief aim of this paper is to emphasize the necessity of close attention to the infants' nourishment, it matters not from whence the source or how supplied, whether a wet nurse be procured or condensed milk or some of the various preparations of infants' food be employed, just so long as the elements required for the production of healthy blood are provided and absolute reliance in the source can be felt. For my part I prefer a reliable brand of condensed milk. It is well also to insist upon entire withdrawal from the mother's breast, as only occasional nursing can do the infant no good and might do considerable harm.

The application of the needles and ligature was a simple and easy matter and was done about as the books usually advise. Half curved surgeons' needles were used; one was inserted through the skin at the outer edge of the umbilicus and down through the bleeding vessels as near as could be determined, keeping in a line with the center of the umbilicus and pushed through to the opposite side, and up through the skin at about the same distance from the margin as at the insertion; then another was inserted at right-angles with the first and crossed below it and brought up through the skin of the opposite side as was the first one; then a figure-of-eight loop was made around each needle and the edges of the opening brought together and a circular turn or two taken around all; the parts were properly padded to keep the needles from turning and the whole arrangement left to slough out in its natural time. After the slough had come away the wound was treated with simple vasaline dressing and in a short time the healing process was completed.

THE New York State Woman's Hospital closes its doors to patients from July 1, to September 1, of each year.

THE NEW CURE OF CONSUMPTION.

BY C. E. CLACIUS, M. D., LOS ANGELES, CALIFORNIA.

THAT the new method of treating phthisis pulmonum by Dr. Bergeon should create such an excitement in and outside the medical profession, must appear strange to the observer, who knows that sulphur has been used for relief in this disease for many years. Doctor Kurella, who got up the formula for his celebrated "*pulvis pectoralis*," here known as compound licorice powder, and used as a laxative, thereby relieved thousands of coughs; and the natural sulphur water of Barèges, Baden, etc., as well as the Blue Lick of Kentucky, have been used by the sufferers with decided advantage. Thus far, however, only relief has been expected and gained; the French doctor positively promises cure, and stimulates the host of sufferers to trial, and the doubts of the professional man is somewhat overcome by the configuration of the recently discovered tubercular bacillus with the microbicidal virtue of sulphur. It is a fact, that thousands are now trying the new remedy in this country, while at the German Congress for internal medicine, held at Wiesbaden in the middle of April, in which eminent men discussed the treatment of pulmonary phthisis, the new French method was not even mentioned.

But here the results are watched with great anxiety, and care has to be taken to judge them with an impartial mind; in so many cases the benefit of a medicine or a treatment lies more in its action upon the mind than upon the body, the stimulating effects of faith and hope are easily mistaken for cure of the disease, and the temporary improvement is then easily followed by a permanent decline.

Induced by the plausibility of the new treatment, and by having some patients anxious to try it, as the method was harmless, the writer has now used it for several months, and by request here gives his experience.

Of seven patients, for whom he has prepared, and to whom administered the mixture of sulphuretted hydrogen and carbonic acid gas (one of the former in ten of the latter), four lived outside of the city and were under the care of other physicians. Of these four two have died, because they were too far gone to be benefited by anything; the third continues its use with a limited, the fourth with a decided, beneficial effect

Of his own patients, one, a young, active business man, too active indeed for his body's good, commenced seven weeks ago, when his weight was 116 pounds, his temperature 101° , and his pulse 110—his muco-purulent expectorations were brought up with paroxysmal effort two or three times a day, but his appetite was good, his sleep uninterrupted, and he had no night-sweats. A few applications of the gas reduced the temperature to less than 100 and his pulse to less than 90, and during the whole time of treatment his pulse has varied between 80 and 100 and his temperature between 98.7 and 99.8. His appetite remained good, but did not improve; his cough appeared to him, probably under the influence of faith and hope, less, and the sputa, which were occasionally examined, certainly contained less pus; for weeks he thought his weight had increased somewhat, but under the influence of an exciting business and an occasional cold, the gain was lost again. He endured the gas well, and in the course of five weeks the quantity was increased to two quarts, given at three intervals within twenty minutes. He felt the gas in his chest and tasted it on exhalation, and at times his breath discolored a cloth moistened with plumbic acetate. While he felt well and kept up his faith, he weighed himself after five weeks' treatment and, finding that he had lost four pounds in weight, he came to the conclusion that the new method would not cure him, and he returned to some inhaled medicine, which formerly had eased his cough; writer, of course, could offer him no inducement to continue the injection of gas.

A little experience may be worth mentioning here, to show that even in this harmless treatment a certain amount of care is necessary. In the beginning of the treatment patient suffered from a closed fistula, and to have it opened was placed in the knee and chest position. He remained in the same during the administration of the gas, and when he arose and walked about, he complained of a strange sensation in his head and fell in a chair in a state of complete collapse. The accumulation of carbonic acid gas in the lungs, while his position prevented free breathing, had asphyxiated him. That condition lasted about half a minute and, as his pulse was very good, caused no alarm; when he recovered consciousness he did not know what had happened, but felt that he had received the full effect and benefit of the treatment!! A few days later he

asked for a repetition of just such a dose, which was of course refused; but one day when the gas, according to his statement, did not enter the bowel under regular pressure, and the latter was increased, he again received too much of the gas and was in an anæsthetized condition for two minutes, vomited unconsciously, but threw off the effects as rapidly as before.

Another patient, 45 years of age, very weak, almost ready to die, as he said, came for treatment sixteen days ago—the tubercles had invaded his lungs, trachea and intestinal canal; he could not speak above a whisper; his temperature was 101.5 and his pulse 96; his appetite was poor and his sleep interrupted by frequent coughing. He improved from the first day, and he has now gained three pounds and a half. His temperature is 99 and his pulse 80; he coughs no more during the night and very little in day time; the quantity of sputa is much diminished, the quality unchanged. He states that he can speak loud again, if he wants to, but as it irritates him to coughing he still whispers. His whole appearance shows the improvement.

A third patient, of about 26 years, has been treated about three weeks; his pulse has been reduced from 96 to 84, and his temperature from 101 to 98.7; his cough is much less in frequency and violence. The expectoration is much diminished, his appetite much improved, and his gain in weight is three pounds; he is much encouraged and expects to be cured.

If these favorable symptoms will continue, has to be seen; and if the sulphydric gas really has a curative effect, the next trial will be to have the digestive apparatus of man manufacture its own gas; small doses of sulphur will make a large quantity of gas, and there is no reason why the self-made gas should not be as readily absorbed into the venous system, as that introduced from without. A regularly continued use of sulphur water, which contains no laxative, weakening the system, would not interfere with any function of the organs, and would probably act as well through the stomach, as if its gas were mixed with carbonic acid and administered through the rectum.

A few months will do much to enlighten our mind in this matter, and communications regarding it are found in almost every periodical; writer has not seen any report which was unfavorable.

75 N. Spring street.

DR. BERGEON'S METHOD OF TREATING PHTHISIS.

BY B. F. WESTBROOK, M. D., BROOKLYN. N. Y.,

Physician in Chief to Department of Thoracic Diseases, St. Mary's Hospital; President Brooklyn Pathological Society, etc.

ON the 12th July, 1886, Dr. L. Bergeon, of Lyons, communicated to the French Academy of Sciences the results of his experiments in the use of gaseous enemata in the treatment of tuberculosis of the lungs. His observations had extended for about two years, and the reports which he made of the success of his treatment were very flattering.

The theory is based upon some observations published by Claude Bernard, to the effect that certain poisonous substances, when introduced into the body in such a manner as not to be directly absorbed into the arterial system, lost much of the intensity of their toxic effects. He had also experimented in the introduction of various gases into the intestinal canal, and had found that carbolic acid, when so introduced, gave rise to little or no irritation of the mucous membrane. It was thought that if some antiseptic substance, strong enough to kill or impair the activity of the tubercle and other bacilli which exist in the lungs of consumptives, should be used in this way, a sufficient amount might be employed to accomplish the primary object without fatally injuring the patient. The most valuable of these was sulphuretted hydrogen. When a quantity of this gas is injected into the intestine of an animal, it is absorbed by the radicles of the portal vein, passes from this through the inferior vena cava into the right heart, thence into the pulmonary artery, and is thrown off from the respiratory surface of the lungs. So that if a large amount is introduced, it is lost before it gets into the arterial system and fails to exert its poisonous influence upon the brain and spinal cord. The theory of M. Bergeon, together with full directions for the manipulation, have been given by Dr. V. Morel, of Lyons, entitled "A New Treatment of Diseases of the Respiratory Tract and Blood Poisoning." The apparatus devised by Morel and figured in his little brochure was, we believe, first introduced into this country by Dr. J. Solis-Cohen, of Philadelphia, and at about the same time Dr. Wm. Osler employed the method in the University Hospital in Philadelphia. The results of their observations were first noted in the New York

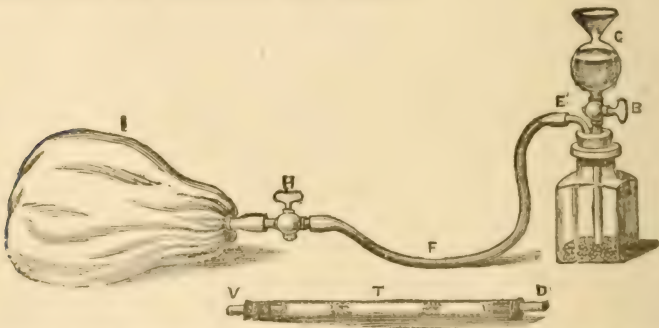
Medical Journal of March 19th and 26th, 1887. Previously to this, however, several other French observers, and Dr. J. H. Bennett, of Mentone, had also experimented with Bergeon's treatment. In October, 1887, Prof. Cornil read a paper before the French Academy of Sciences upon the same subject, and observations have also been made by Dr. Chantemesse of Paris, Dr. Vavaylete of Geneva, and many others. All the reports so far received speak favorably of the method. The immediate results claimed are the diminution of the cough and expectoration, an increase of appetite, diminution or disappearance of the hectic fever, ease in breathing, and a general improvement in the feelings of the patient. It was found, however, that in spite of all these favorable signs, and, even in cases where apparent recovery ensued after treatment had been pursued for several weeks or months, the tubercle bacilli still appeared in the sputa; so that though the results were satisfactory clinically, it appeared that the original theory upon which the treatment was founded was erroneous. This has been further shown by Dr. E. L. Trudeau, of Saranac Lake, New York. Dr. Trudeau experimented by placing cultures of tubercle bacilli in test tubes and bubbling the gas from Morel's apparatus through the liquid for several hours. He found that, in spite of all precautions, animals inoculated with this fluid developed tuberculosis, and that cultures both of the tubercle bacilli and of the bacillus pyogenus aureus would be obtained from it. It would seem, then, that the sulphuretted hydrogen exerts its curative effects through some influence upon the ulcerative processes in the lungs and air passages. This was illustrated in a case of Dr. Bergeon's, in which an extensive ulceration of the larynx, leading to the destruction of one vocal cord, was entirely healed under its influence. And Dr. J. Solis-Cohen has recently informed the writer in a personal communication, that he had also observed a case in which a phthisical ulcer in the inter-arytenoid space healed in a few days without any other treatment. This is very valuable testimony, as it comes from one whose diagnostic accuracy cannot be questioned.

It has been suggested, both in France and by Dr. H. C. Wood, in this country, that the same results might be obtained by the introduction of a solution of sulphuretted hydrogen into the stomach. But cases have occurred, and are referred to by

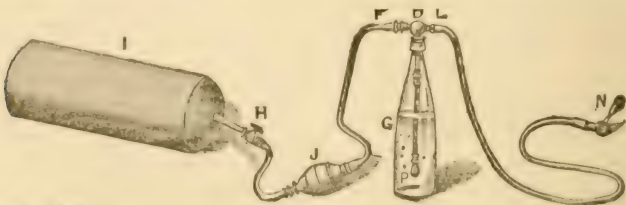
Morel, in which very alarming toxic symptoms have followed this method. In one case observed by M. Couteret, "the ingestion of sulphurous water brought about, after a certain length of time, the phenomena of cerebral appoplexy, to which the patient succumbed. The patient, who had never experienced any trouble from the rectal injections, but, on the contrary, had derived so great a relief from them that he considered himself cured of his phthisis, showed, after ingestion by the stomach of several glasses of sulphurous water, great excitement and general malaise, which were followed, after a few days, by the attack of appoplexy to which he succumbed." Dr. Bergeon says that while he has never observed any marked excitement following the rectal injections, they frequently supervene after the swallowing of sulphurous waters. It is also stated by Morel that this method of administration is sometimes followed by hæmoptysis. If this be true, it is a sufficient argument in favor of the continuation of the enemata; but even if it were not true, the majority of patients would probably prefer the injection to the swallowing of such a nauseous draft as a solution of sulphuretted hydrogen. Dr. Wood, however, reports a case which did well on it. My own experience has so far been limited to about half a dozen cases, and is not yet sufficient to warrant the formation of a definite opinion in regard to its merits. I can say, however, that the pleasant effects described as immediately following the injections have also been reported by most of my patients. Whether the benefit will be lasting or not, can only be ascertained by further and more prolonged trial. So many cures for phthisis have been brought up from time to time, and such wonderful results recorded by enthusiastic observers, that we must hesitate before accepting too implicitly the rose-colored views of those who devise new means of treatment for this terrible malady. Two or three years ago, it will be remembered, Dr. Debové reported marvelous effects from his system of super-alimentation, and numerous other observers were ready to confirm his statements, but we do not now hear very much about its use. It was claimed at one time that compressed air, or pneumatic differentiation, would cure perhaps the majority of cases of consumption, but now it is known that the positive cures do not form a very large proportion of the cases treated. All these methods, however, will have their place, and the in-

telligent physician, by making proper selection or varying the treatment according to the exigencies of the case in hand, may undoubtedly obtain far better results than were possible to our forefathers.

The apparatus of Bergeon consists of a generator for carbonic acid gas, and a rubber bag or receiver in which this can be transported; a syringe connected with the rubber bag, and of a bottle with two tubes leading into it in which is contained the solution of sulphuretted hydrogen. The longer tube, which penetrates to the bottom of the bottle, is connected with the receiver containing the carbonic acid. When the syringe is operated the gas is transferred from the bag to the bottle, and, emerging from the tube at the bottom of the liquid, bubbles up through this, disengaging in its passage the sulphuretted hydrogen which accompanies it into the tube of outlet. This latter is connected with a flexible rubber tube, which is inserted into the rectum of the patient.



Generating Bottle containing Solution Bicarbonate Soda or Potash, Gas Bag, Perforated Rubber Cork, above which (C) is small reservoir containing dilute sulphuric acid.



- I. Gas bag filled.
- J. Syringe for pumping carbonic acid out of bag.
- G. Bottle for washing gas or impregnating with medicated volatile substance.
- P. Water or medicated solution.
- N. Rectal Tube.
- F. and L. Connecting Tubes.
- H. Stopcock.

After a sufficient amount of gas has passed through to displace all the atmospheric air contained in the syringe and tubes and in the bottle above the liquid, the rectal end is inserted and the injection made very slowly. When the patient feels a sense of distention the injection is discontinued for a few moments, and then goes on again slowly. This is carried on until all the carbonic acid in the receiver, the capacity of which is about three litres, is exhausted. The treatment should be repeated twice daily.

Various means have been adopted for obtaining the sulphuretted gas, the favorite of which is the employment of some sulphurous mineral water. In this region the most available are the waters from Sharon Springs and Richfield Springs, though that from any spring which is well charged with sulphuretted hydrogen may be used. The water should be fresh, or very carefully bottled, and is not fit for use unless at the time of employment it emits a decided odor of sulphuretted hydrogen.

My associate, Dr. Buckmaster, has manufactured the sulphurous water himself by generating sulphuretted hydrogen by the usual method of the chemical laboratories, and allowing it to bubble through a large jar of water until the latter becomes saturated with it. This method has the advantage, that by it we can form a more definite idea as to the amount of sulphuretted hydrogen employed. It has, however, the disadvantage that arises from the horrible smell which pervades the premises upon which it is generated.

174 Clinton street.

GEOGRAPHICAL AND TOPOGRAPHICAL FEATURES WHICH ARE PECULIAR TO SOUTHERN CALIFORNIA, IN CONTRADISTINCTION TO THE MORE NORTHERN PACIFIC COAST.

BY J. P. WIDNEY, A.M., M.D.,

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Medicine of the University of Southern California.*

THE Atlantic coast line of America is a broad plain, everywhere open to the sea, with a background of mountains, the Appalachian system, running parallel with the coast, but at a distance of from two to three hundred miles. At intervals of

only a few miles rivers flow down from the mountains and cross the plain to the sea. No transverse ranges of mountains separate the rivers from each other; only the gentle swell of the land makes a dividing line for the waters, and the tributaries overlap each other.

In like manner, and as a consequence of this continuous sameness of contour of the land, population spreads itself evenly from north to south over this long coast plain, and is not segregated or divided into separate communities.

Upon the Pacific coast it is not so. No great continuous plain lines the border of the sea. Instead of the first range of mountains lying back at a distance from the coast, it rises for hundreds of miles almost from the water's edge, while a second range lying farther inland runs parallel to it. The two draw near to each other at long intervals, and by broken transverse spurs partially coalesce, forming great reaches of rugged mountain uplands, which separate the natural interior basin into a succession of great valleys, each open to the sea by only one outlet, a break in the outer range—this break being the commercial outlet of the interior plain as well as the waterway to the ocean of all that especial system of interior valleys. These valleys are, of course, by their areas of fertile lands, the natural centers of population upon the coast, having at their outlet to the sea the chief commercial cities, while between these centers of dense population spread the long reaches of upland, with their comparatively sparse population.

Thus it happens, through their comparative isolation from each other, that these different centers of population, like the old Greek sea-coast valleys, develop each its own individual race and commercial life, while the long north and south line separating them makes notable in that common climatic type, which has been before described, local peculiarities which cannot fail to strike the observer.

In order to a fair understanding of these local climatic differences, it is necessary that there should be also a fair understanding of the topographical and geographical differences. As the object of these articles is to thus compare what is distinctively known as Southern California with the more northern portion of the Pacific coast, these topographical and geographical differences will now be given.

The first fact to be noted is that, after leaving the great

aggregation of population which is found radiating from San Francisco bay as its point of outlet to the sea, no similar aggregation, or the topographical features necessary for it, is found until a distance of some four hundred miles has been passed over along the coast southward. The coast line intervening is a rugged mountain wall, broken at intervals of many miles by narrow coast valleys of limited area and small population, and generally with a steep pitch to the sea. The coast line also undergoes a marked change of direction. After passing Point Conception the shore, which has been following a general direction of south by east, changes its course and trends sharply eastward until the land, instead of a westerly, has now a southerly front on the ocean. The mountain chains are deflected in like manner, and turning from their general northerly and southerly course also bear off sharply toward the east.

With this change in the direction of the mountain chains comes necessarily a change also in the line of the valleys. On the northern coast these valleys lie with their length to the north and south; in Southern California, on the contrary, their length following the trend of the mountains, is from east to west.

There are important climatic changes due to these changes in direction of mountains and valleys, to which attention will be called in a subsequent article.

Another very important feature of difference is the fact, that off the southern coast is an attempt at a third range of mountains parallel to, and at a distance of some forty to sixty miles outside of, the coast range of mountains. This third range, now submerged except in its higher peaks, forms a series of islands, called the Channel Islands, and extending from opposite Santa Barbara to some distance below San Pedro. Within the line of these island peaks is a submarine plain covered by comparatively shoal water, the deep ocean bed, which on the northern coast approaches closely to the main land, commencing outside of the line of the islands. The cool ocean current which was mentioned, in article No. 1 of this series, as flowing down the Pacific coast from the Aleutian Islands, and which hugs the coast as far south as Point Conception, is by the prominence of that headland shot clear of the land, while the sharp deflection of the coast line eastward

from that point, and the intervention of the wall of the channel islands and the shoal submarine plain help to keep it out a distance from the shore, leaving a belt of comparatively still water along the immediate shore line. In fact, indications appear of a slight counter current from the south along the shore, but not extending many miles out to sea.

In tracing out the lines of mountain chains along the coast it is found that the Coast Range, which further north is high and continuous, and follows close to the shore, drops back many miles from the sea in Southern California, notably opposite the great system of Los Angeles plains, leaving a large open coast country, and also changes its character, breaking down into low irregular hills. This break in the chain throws the extensive system of the interior plains and valleys, which correspond to the Sacramento-San Joaquin valley of the north, well open to the sea, and with the line of the high snow-clad Sierra for a background. This breaking down of the Coast Range also gives ready outlet to the sea, at various points for the rivers flowing from the great water-shed of the Sierra. The Sierra also instead of receding from the coast, rather approaches toward it, the two chains thus, by their approach to each other, making the interior basin narrower than its analogue upon the coast; but, as a compensation, widening the narrower shore line of the north to a broad sea-coast plain.

The great desert inland plateau, which lies at the east base of the Sierra, carries with it essentially the same characteristics as it passes southward, losing, however, somewhat in elevation and in rigor of climate until having bounded the north base of the Southern California Sierra, where the great chain at Mojave draws near to the coast, it turns the flank of that range and bears off eastward to the willow-fringed lowlands of the Colorado river, and on to the highlands of central Arizona, sending meanwhile a long spur southward to form the east shore of that old dried-up sea which lay north of the Gulf of California. Between this and the east base of the Sierra, as it again turns southward, back of San Bernardino, lies, instead of the high plateau, this basin of the Colorado desert, 350 feet below the sea-level, with its shifting sands and its salt deposits. The high plateau does not re-appear, for southward lies the gulf.

Between this low basin of the desert and the Mojave plateau upon the north intervenes a spur range of the Sierra, which turns southward with the east wall of the desert, forming a backbone to the spur plateau just mentioned, and after sinking in the sands where the desert and the Colorado river valley merge, finally re-appears at Yuma as the peculiar riven rock through whose cleft the two rivers pour their united floods.

The Sierra, which further north makes a continuous wall with no passes, except at elevations of from 7,000 to 8,000 feet, and these narrow and tortuous, begins to break as it goes southward with a series of broad open passes of low elevation, throwing the inland desert plateau more open to the coast plains west of the Sierra, and to the sea.

Thus the Soledad pass enters the Mojave desert from the coast valley of the Santa Clara river at an elevation of only about 3,000 feet; the Cajon pass enters the same desert from the San Bernardino plains at about the same elevation; while at the San Gorgonio pass the coast plains roll over into the head of the Colorado desert as a grassy upland several miles wide, and at an elevation of less than 2,600 feet.

Yet, upon either side, the Sierra, in the twin peaks of San Gorgonio and San Bernardino, towers up at an elevation of 10,000 and 11,500 feet above the sea. This change in the character of the inland plateau, and the more open passes of the southern Sierra, lead to well marked climatic differences as contrasted with the west slope of the northern Sierra.

There is one feature which has not yet been mentioned, peculiar to the geography of Southern California, and which probably more than any other serves to distinguish it from the more northern portions of the coast, that is the Gulf of California. Starting from an ocean outlet within the line of the tropics it stretches inland toward the north for a distance of eight hundred miles, carrying the salt waters of the sea within the line of the Sierra to the foot of the great inland plateau. Thus the peninsula of Lower California is absolutely, and Southern California practically, between two seas. This Gulf with its eight hundred miles of tempered water is a back door to the sea for Southern California; for the low passes of the Sierra throw the land open to it. The breezes from the ocean and from the Gulf meet and mingle on the desert sands of the east base of the Sierra.

It is as though one had but to cross the Sierra eastward from San Francisco to find again at its base the tide line of the sea. And the geographical peculiarity does not cease with the head of the Gulf, for northward still for hundreds of miles stretches the great alluvial valley of the Colorado river, with its moist lowlands, its summer floods, and its open pathway for the winds of the sea on into the heart of the continent; for on and beyond its broad lowlands and its water-worn cañons the great valley still winds and opens up until far north of Salt Lake the melting snows of the Rocky Mountains feed the head-waters of its river.

One mountain in that chain, Fremont's Peak, sends from its slopes the head-waters of the three greatest river systems of the United States, the Colorado southward to the Gulf of California, the Columbia west to the North Pacific, the Yellowstone northward almost to the British line, then east to join the waters of the Missouri, and then on its long course down to the Gulf of Mexico.

This Colorado river system, which forms the background for Southern California, has upon the Pacific Coast only two possible rivals in extent, the Columbia and the Yukon. It is this great river valley, with its tributaries and its natural grades to the sea, which gives to Southern California the key to the trancontinental railroad system. It is the same valley, reaching from the waters of the tropics almost to the British line, and which is only open to the coast through the Southern California passes in the Sierra, which gives the key and the clue to many climatic peculiarities.

But another feature is to be noted. Opening out eastward from the confluence of the rivers at Yuma is the great valley of the Gila, carrying its waterway and the easy slope of its watershed directly eastward into the heart of the continent.

And then, just over the divide, one looks down upon the water line of the Rio Grande as it winds on its way to join the waters of the Atlantic through the Gulf of Mexico. Years and years ago, when the old Santa Fé trail was to the frontier trade of the southwest the opening into a land of wonders, the adventurous trader and the toiling emigrant discovered what commerce has since been quick to avail itself of, that this was the line of shortest distances and easiest grades across the continent. From sea to sea on the line of San Francisco is a dis-

tance of some 2500 miles. From sea to sea on the line of Southern California and the Gulf is only 1200. While, instead of crossing the Sierra at an elevation of nearly 8000 feet and the Rocky Mountains at an elevation of 8500, the former is crossed at the San Gorgonio pass with an elevation of less than 2600 feet, and the backbone of the continent at only a little over 4000.

What has all this to do with climatic laws? Much.

OPERATION FOR CANCER JUSTIFIED.

1. CANCER is essentially a local disease, and can be cured by operation in spite of recurrence.

2. Operation, when it does not cure, prolongs life and diminishes the total amount of suffering.

3. Operations should be repeated as often as there is any chance of entirely removing recurrent growths.

4. The earlier and more thoroughly the operation is performed, the better.

5. The disease, when it recurs, is generally of a milder type than that of the original growth, less painful and less exhausting.

6. Antiseptic surgery makes more radical operations possible, with better ultimate results, than formerly obtained.—*Dr. Shrady, 247 Lexington Ave., New York Medical Record.*

INSOMNIA.

O God of Mercy, give me sleep,
And let this weary brain have rest!
Send down thy white-winged doves of peace
With comfort for this troubled breast.

O throbbing brow! O beating heart!
O pulsing veins be calm and still!
O tensing nerves relax thy strain,
And fight no more this struggling will;

O floods of thought that fill my brain—
That threaten to engulf my soul;
O waves of words that swell and flow,
On ebb-tides ride and backward roll!

O restful slumber, now, I pray,
Come where sad vigils lone I keep;
These lifted eye-lids, let them droop—
O God of Mercy, give me sleep!

—*John Wentworth in "Good Housekeeping."*

THE SOUTHERN CALIFORNIA PRACTITIONER.

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Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

SPECIALISM RUN MAD.

It is beginning to be a question what is to be the end of the mania for specialties in medicine. We have been wont to smile somewhat at the practice of our long queued brethren of the Middle Flowery Kingdom, where one man takes medical charge of the brain, another of the stomach, another of the bowels, yet another of the heart, and so on through the

anatomical list; yet a glance at our medical journals, or at the cards of physicians in the columns of a popular paper, rather extracts the twist from the smile.

The Celestial practitioner of the almond eyes no doubt sagely thinks that the Melican man is becoming a hopeful pupil, and that the haleyon days when the pagoda shall be seen by the banks of the Sacramento and the Los Angeles are not far off. It begins to look as though the days of the general practitioner were numbered.

Possibly in that coming day, when the sick man's list of medical attendants shall only be limited by the number of separate organs to the human body, some youthful scion of a specialist progenitor shall exhume from the cobwebs of the old garret some moth-eaten book upon general practice, and with a look of vague wonder upon his countenance shall inquire as he turns over its unfamiliar pages the meaning of it all, and shall receive for reply some such answer as this: "This, my son, is an old heirloom, handed down from a distant ancestor, who in the dimness of the past practiced some rude sort of healing art. It is said, my son, that instead of like myself making a specialty of some such department as diseases of the distal phalanx of the little finger, he even professed to treat diseases of the human body in general. It was a primitive age, my son, an age when such an erudite work as my three volumes upon congenital peculiarities in the anatomy of the nail of the little finger would not have been appreciated. Such refinements of science, my son, were as yet beyond their crude ways of thought."

Brethren of the medical profession, shall we not anticipate somewhat that age of advanced science, and even now go more vigorously into the work of specializing? Let us reverse the telescope and minimize. It is true we may miss the constellations, but, ah, the all-satisfying wonders, which reveal themselves in the atom! It is also true somewhat might be said of the narrowing mental effect of the minimizing process of study; that one who sees only one point is apt to forget there is aught else; that the physician who specializes the brain is apt to forget that man has also a stomach; that he who studies too exclusively the nerve is wont to ignore the muscle or the bone.

How shall we be narrow and broad at the same time?

Brethren, the editorial head has it. Specialize everything.

It does not claim originality in the idea. It caught the thought from the card of a physician who advertised twelve specialties besides surgery and general practice.

Vive la specialty !

P. BLAKISTON, SON & CO. IN LOS ANGELES.

SOUTHERN California physicians have long labored under serious disadvantages in getting supplies.

Should a physician in San Diego or San Bernardino want a book or an instrument, he would be obliged to send six hundred miles away to San Francisco ; nine chances out of ten the San Francisco dealer would—after getting the order—send to New York or Philadelphia to have it filled, and the San Diego doctor would be fortunate if he received his desired article in a month from the time he sent the order. San Francisco merchants have, with the exception of Wm. L. Duncombe & Co., usually charged us exorbitant prices, and our dealings have, as a rule, been very unsatisfactory.

With longing eyes we have looked forward to a day of deliverance. Deliverance from morose, bigoted merchants, who have taken every possible advantage of our unfortunate situation.

Our day of independence is now at hand. Chas. W. Kolbe, the surgical instrument manufacturer, of No. 15 South Ninth street, Philadelphia, began the work, and Howard M. Sale, No. 268 South Spring street, Los Angeles, now—as Mr. Kolbe's agent—carries a full line of surgical instruments. Mr. Kolbe's house is one of the oldest in the United States, and his instruments are unexcelled. Mr. Sale is enabled to sell this line of goods at an average of ten per cent. less than they are sold for in San Francisco.

Another great stride forward we are now enabled to report : Messrs. P. Blakiston, Son & Co., the well-known medical book publishers, have recently appointed Messrs. Stoll & Thayer, No. 3 South Spring street, their agents for this section, and will hereafter keep a full line of their publications on sale at this old established Los Angeles book-house.

We feel justified in calling attention editorially to the enterprise of these two Philadelphia firms. As the population of Southern California increases, other houses will doubtless

establish agencies here, but we shall always remember that Chas. W. Kolbe and Messrs. P. Blakiston, Son & Co. were the first to take this step.

EDITORIAL NOTES.

WHITTIER is the name of the new town that has sprung up as if by magic in the center of the Quaker colony. The Quaker colony is on a tract of four thousand acres of land that was secured by Aquilla Pickering, a leading Friend of Chicago, at the request of many of the Eastern members of that society. The average elevation of the tract is about 1500 feet above sea-level, and we apprehend that it will soon be a popular resort for invalids. Whittier is twelve miles from Los Angeles and two miles from the noted Iron-Sulphur wells. Jonathan Bailey, an Ohio Friend, is President of the Company, and has his headquarters at 75 North Spring street, Los Angeles.

In a few months, when this town is well built up with neat Quaker homes, it will be an ideal place for the health-seeker. Figs, oranges, apricots, peaches, nectarines, apples, pears, all kinds of fresh vegetables constantly, a view of the ocean and mountains, beautiful valleys and undulating hills, orange groves and vineyards. Such will be the feast for both mind and body spread before all who visit this beautiful place.

If these Friends could be induced to arrange a system of cottage resorts for invalids, and thus avoid the usual crowding necessary in large hotels, they would accomplish a great good in a manner that would be pecuniarily remunerative.

NEW METHODS OF TREATING PULMONARY DISEASES.—Every reader will be especially interested in the symposium of original articles on New Treatment of pulmonary diseases. Dr. John Blake White, of 941 Madison avenue, New York city, is the pioneer in the use of intra-pulmonary injections, and his paper stimulates the reader and tells us all to watch and work for the discovery of a cure of consumption, as the people of old watched for the coming of the Savior.

We take particular pride in the paper of Dr. B. F. Westbrook, of 174 Clinton street, Brooklyn, New York, the leading specialist of that city in throat and lung diseases. Dr. Westbrook has no superior in physical diagnosis, and his great ex-

perience in the use of the compressed air-cabinet and other modern therapeutic measures gives his comparative statements great weight.

The paper by Dr. C. E. Clacius, 75 North Spring street, Los Angeles, is commendable for its conservative, philosophical tone. It bears the imprint of the true spirit of investigation.

Dr. J. H. Davisson, 32½ South Spring street, Los Angeles, gives a valuable report of his experience with Dr. Bergeon's method.

Dr. E. C. Folsom's letter carries great weight with it, because of the numerous cases he controls in the County Hospital. Physicians who have suitable patients intending to go to Santa Monica for the summer, can safely refer them to Dr. Folsom, if they wish to try this treatment.

Here are four men of marked ability who, after considerable experience, unite in recommending a further trial of gaseous euemata in phthisis, and who feel hopeful that it will ultimately be permanently recognized as a therapeutic agent of great value. Such testimony commends respectful consideration.

Dr. W. B. Sawyer's note, reporting the successful treatment of four cases of catarrhal pneumonia, indicates a new therapeutic field for oxygen.

A MOUNTAIN RESORT.—We recently went over Switzer's Trail to the Arroyo Seco Falls.

These falls are twenty miles north of Los Angeles, 4300 feet above sea-level. By addressing C. P. Switzer, Pasadena, Cal., a week in advance the tourist will be met at Pasadena, on arrival of the 10 o'clock train from Los Angeles, on Wednesdays and Saturdays. Six and a half miles of the trip are made in a carriage and six and a half miles more on donkeys. The scenery is wild and grand.

DR. FRANCIS L. HAYNES and two brothers, all graduates of the University of Pennsylvania, have recently come to Los Angeles to practice medicine. We know they are first-class men and worthy the friendship of the profession in Los Angeles, because they brought letters of highest commendation from our old friend Dr. E. E. Montgomery, the distinguished Professor of Gynecology in the Medico-Chirurgical College of Philadelphia.

CORRESPONDENCE.

GASEOUS ENEMATA IN CONSUMPTION—EXPERIENCE OF E. C. FOLSOM, M. D. (HARVARD).

SANTA MONICA, May 25, 1887.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER: Will briefly comply with your request, as I cannot in season for next issue give a full report of cases treated. When I first read the notices published of Dr. L. Bergeon's method of treatment of consumption, etc., I was very much interested; and as the germicide remedies and treatment are special favorites of mine, I lost no time in testing the new method. Being well supplied with all the necessary apparatus, I began at once. About six weeks ago, by courtesy of Dr. H. H. Maynard (County Physician in charge of the Hospital), and the eager consent of the patients themselves, I began in the consumptive ward of the County Hospital the treatment by gaseous enemata, as used and reported on by the physicians in charge of the Philadelphia Hospital. I first used it on six patients daily. Since then others have been admitted to the ward, and it is used by nearly all in the ward. The result has been favorable—not that it has been wonderful or remarkable in any degree, but showing it to be valuable as a therapeutic agent, where other remedies failed. The cases presenting for treatment in a county hospital are the very worst of the kind.

I find more improvement in cases in my private practice. I pay great attention to little details, and spend much time on each patient daily. The results I find, from nearly two months' experience, are briefly these:

- 1st. Fall of temperature and pulse.
- 2d. Increase of appetite (one patient gets very hungry before I finish the daily seance).
- 3d. Gain of strength—less dyspnœa.
- 4th. Cessation of night-sweats, in varying degrees.
- 5th. Great decrease of sputa daily, and less cough.
- 6th. Pains and soreness of lung almost entirely relieved.

In conclusion I will add, that one of my worst cases, who has been sick for six years, shows great improvement. In the next issue of the PRACTITIONER I will give temperature sheet

and daily report of cases. I have not time to say more in this—only to advise all in doubt to give it a fair trial.

Very sincerely yours,

E. C. FOLSOM.

TYPHOID FEVER.

SAN FRANCISCO, April 25, 1887.

EDITOR SOUTHERN CALIFORNIA PRACTITIONER—Dear Doctor: In the April number of your journal I find a very creditable article on Typhoid Fever by my friend, Dr. McSwegan. I met the genial doctor at the meeting of the State Medical Society, and he entreated me to comment adversely on the article in question. So judiciously have the facts been collated, tending to prove the micro-biotic nature of typhoid fever, that only praise can be returned where unfavorable criticism has been sought. Typhoid fever is unquestionably an infectious disease. Precedence has established the feasibility of identifying the etiology of an infectious disease with a specific microbe. A micro-organism can only be regarded as characteristic of a disease when the following injunctions are implicitly regarded: (1) The organism in question must be found either in the blood or the diseased tissues of an animal suffering or dead from the disease; (2) it is necessary that these organisms may be cultivated in suitable media without the body for several successive generations; (3) that after having been thus cultivated, their introduction into the body of any susceptible animal must be capable of producing a disease similar to that from which they have been derived; and finally, (4) that in the animals so affected the same organism must be found. All these indications have apparently been accomplished. Eberth and Koch discovered the specific microbe of typhoid fever (*bacillus typhosus*). Gaffky cultivated them, but failed by inoculation to reproduce the disease in animals, thus conflicting with the positive results attained by Fraenkel and Simmonds, who succeeded in producing lesions analogous to those found in this disease. Beuner and Peiper (Centralbl. f. Klin. Med., No. 37, 1886) have likewise succeeded in producing textural changes of a typhoid character in the viscera of animals after inoculation with the typhoid bacilli; but they attribute these changes not to any specific influence possessed by the bacilli, but to an irritation consequent upon the introduction of the microbes in

the organs thus affected. These authors have, by the introduction into animals of non-pathogenic organisms, produced visceral lesions similar to those met with in typhoid fever.

They also seek, by other ingenious experiments, to nullify the truth of Fraenkel's conclusion regarding the specific microbe. Accepting the bacillary theory as correct, diagnosis has in nowise been enhanced by this discovery.

In pulmonary tuberculosis the *bacillus Kochii*, although therapeutically intractable, it at least subserves this latter purpose.

Neither the morphology or the reaction to staining fluids render the bacilli of typhoid fever characteristic. It is only as Fraenkel admits, that by cultivation of the bacilli in suitable nutritive media that any conclusion can be drawn, and this inconstantly. Indeed the cases reported, where diagnoses have been made, based only on the presence of the bacillus typhosus in the fœces and blood from the spleen, are so indefinite as to be accepted with reserve. Neither has the therapy of typhoid fever been benefited by this discovery. Sole reliance in typhoid, as well as in other acute infectious diseases, is based on anti-thermic medication. The grave visceral lesions produced in these diseases is almost the inevitable result of elevated temperature. By annihilating the pyrexia, we do not treat the cause which has provoked it. Antipyretics have been used prior to the discovery of the specific organism of typhoid fever. To maintain that antipyretics act by virtue of their antiseptic influence—i. e., their germicidal action—would be contradictory to the prevailing hypotheses regarding fever. If antipyretics acted solely by virtue of their germicidal action, then surely the progressiveness or virulence of the disease could be better combatted by antiseptic intestinal medication than in any other way.

In the excellent review accorded to anti-thermic agents, the doctor speaks enthusiastically of antipyrine. My success with this agent has not been so good in typhoid as in other fevers. Caution should be exercised in the administration of this drug, as cases have been recently reported demonstrating the occasional toxic effects attending its use. Another therapeutical index for its use in typhoid fever, particularly complicated by intestinal hemorrhages, is its undoubted hæmostatic action, which is said to be superior to ergotine and perchloride of iron.

Very fraternally,

112 Mason street.

ALBERT ABRAMS.

DR. DAVISSON ON THE NEW TREATMENT.

LOS ANGELES, May 28, 1887.

TO THE PRACTITIONER: In response to your request for a report on Bergeon's method of treatment in diseases of the lungs and air-passages, permit me to say that I have been for sometime investigating the literature on the subject, and have recently been treating cases of phthisis, asthma and chronic catarrhal affections of the air-passages with gaseous enemata.

My experiments and investigations in a measure confirm the statements of Bergeon, Morel, Cornil, Bennet, McLaughlin Cohen and others. I have administered the carbonic acid and hydrogen sulphide gases to sixteen patients—fourteen of whom have advanced phthisis, and three of whom have but one lung for the function of respiration, the other entirely involved with deposits, cavities, etc., with tubular respiration only. Three asthmatic patients with more or less organic disease of the lungs and air-passages, and one case of chronic catarrh of the air-passages with granular pharynx. These cases have been under treatment from a few days to several weeks.

Under treatment by this method most all of the symptoms of these diseases are ameliorated, *i. e.*, the general health improves as evinced in phthisis, by lowering of the temperature with corresponding elevation of the morning sub-normal temperature; checking of night-sweats; limitation of the cough and expectoration; increase in weight; relief of dyspnoea with increased endurance and ability to climb stairs; improved appetite and digestion and relief of constipation. A physical examination of cases two or three weeks under treatment with gaseous enemata reveals limited dullness with return of broncho-vesicular respiration, in cases where it had been replaced by tubular or bronchial breathing consequent upon inflammatory processes about tubercular deposits and ulcerations. Respiration less frequent with absence of numerous ralés. Most patients exhibit more vigor and sleep, and rest much better at night. Asthmatic symptoms are immediately relieved by the gaseous treatment. Thus far I have observed no bad results, and most patients come to the office once or twice a day and experience no inconvenience aside from temporary distension and fullness of the lower bowel. I have not observed colic

nor diarrhœa or other evidences of irritation from the treatment.

Not a few American physicians have not realized their expectations, as yet, in this method of treatment. In answer to this I would say that often too much is expected in these unfortunate cases, and many innovations have been made, both in the apparatus and formula, and in fact in the whole procedure. To obtain the best result requires skill and great care to estimate all sources of error. With my present acquaintance with the treatment, I cannot approve of the use of the various natural sulphurous waters, domestic or foreign. These waters lose their virtues (volatile gasses) when far removed from their natural sources, and transported in barrels and imperfect packages; besides, the waters of Blue Lick, Ypsilanti, white and red sulphur, Eau Cannes and others differ in their proportions and composition. The plan in vogue in Philadelphia of using the chemical solution or artificial sulphurous water and thus obtain a definite amount of the hydrogen sulphide, is a desideratum. While such marked improvement does not follow in all cases, the same is true of the other medical agents of known therapeutic value.

While we may hope that in Bergeon's discovery we have an invaluable remedy for a large class of cases, the whole subject may yet be considered as subjudice.

32½ South Spring street.

J. H. DAVISSON.

OXYGEN IN ACUTE CATARRHAL PNEUMONIA.

W. B. Sawyer, A. M., M. D. (Harvard), Riverside, California, reports four cases of pneumonia following whooping cough successfully treated with oxygen. The eldest child was five years of age, two were twins aged three years, and the fourth was a nursing babe four and one-half months old.

They were all marked cases, temperature running up to 104 degrees, great emaciation, typical sputa, and terrible cough. The prognosis in each case was grave, and with the younger child extremely so. With a mortality of ninety per cent. according to statistics and with the complication of pertussis, recovery seemed improbable.

The method of using the gas was primitive, there being at hand no proper apparatus and the obtainable being only

twenty gallons at a time. It was carried from the gasometer in rubber bags, holding ten gallons each, and given by opening the tube connected therewith under the nostrils of the patient. The largest quantity given, was 240 gallons daily during the most critical hours of the disease, while in the beginning and as the disease disappeared as little as twenty gallons daily was used. All the cases recovered. Dr. Sawyer believes the profession to be greatly indebted to Dr. Wallian, of New York, for calling attention to this valuable therapeutical agent.

TYLER'S WARM SPRINGS.

George L. Cooper, a keen observer, who has spent several years traveling in Europe, is now in the mountains of San Bernardino county, and writes to the SOUTHERN CALIFORNIA PRACTITIONER of Tyler's Warm Springs. They are situated eighteen miles from the city of San Bernardino, in a north-westerly direction, about six miles from the mouth of Lytle Creek. "The location is very picturesque, high mountains all around. It is only a mile from Emerald Falls, which are much visited during the summer. The water is quite warm, but not hot. As near as I can find out, its principal composition is sulphur and borax. Smells and tastes quite strongly of sulphur. Is very soft and pleasant to bathe in, the borax acting the same as soap. The water is considered as very healthy, used internally and externally. It is considered by many equal in medicinal virtue to any of the springs in this region. The spring is situated immediately under a high overhanging ledge of rocks and plenty of shade trees around. The site is particularly suited to pleasure-seekers, as there are good wagon roads and trails leading up the three forks of Lytle Creek into the high mountains, where there is good hunting and fishing and the finest of scenery. The spring is only two miles from the California Southern Railroad."

WE had the pleasure of a call from Dr. A. C. Rogers (University of New York, 1873), late House Surgeon Manhattan Eye and Ear Hospital, New York city. The Doctor has determined to locate for the practice of his specialties in Los Angeles.

SPECIALS.

ROBINSON'S HYPOPHOSPHITES is an elegant and valuable preparation.

Dr. G. A. Wood (Long Island College Hospital) has located for the summer at Long Beach.

Dr. Joseph Kurtz of this journal has been very ill during the past month; he is now convalescing.

Dr. T. C. Stockton, of San Diego, reports favorable results from the use of sulphuretted hydrogen in phthisis.

Dr. L. L. Dorr, 118 Grand avenue, San Francisco, was the first Secretary of the Los Angeles County Medical Society.

The *Medical Visitor* says: The Southern California "loco weed" that makes horses crazy and kills sheep, is the *Oxytropis Lomberti*.

Dr. W. D. Babcock, who has recently returned from Vienna, has located in Los Angeles. He will devote his attention to the eye, ear, nose and throat.

Dr. Henry Leffmann, editor of the *Polyclinic* (P. O. box 791, Philadelphia), desires to obtain results of the treatment of consumption by gaseous enemata.

Dr. T. D. Crothers, of Hartford, will read a paper before the International Congress of Inebriety that meets in Westminster Hall, London, July 5 and 6, 1887.

Dr. M. H. Alter (College of Physicians and Surgeons, Baltimore) has recently located in Los Angeles. He will devote his attention exclusively to diseases of the eye.

Salol is composed of 60 per cent. salicylic acid and 40 per cent. carbolic acid. It is tasteless and odorless and the full dose is one-half drachm. It is highly recommended in rheumatism.

Dr. D. G. Brinton has retired from the editorship of the *Medical and Surgical Reporter*, owing to a disagreement between himself and the owners of that journal. He proposes to be connected with another medical journal by early autumn.

A correspondent of the *Medical Age* suggests, that instead of injecting sulphuretted hydrogen in cases of tuberculosis, that the patient's anal aperture be sealed for forty-eight hours, twice a week, and that he be kept exclusively on a diet of sulphur, cabbage, beans and dried apples. Auto-injection.

Dr. A. F. Darling, Professor of Diseases of the Eye and Ear in the Medical College of the University of Southern California, is spending a few months in the New York city hospitals.

HAGER'S CATARRH REMEDY:—The formula recommended by Dr. Herman Hager is as follows, Of carbolic acid, 10 parts; alcohol, 10 parts; water of ammonia, 12 parts; distilled water, 20 parts. Take two-ounce wide-mouthed bottles, fill them to one-third with the above liquid; then introduce a bunch of (absorbent) cotton of sufficient size to soak up all the liquid; to be used in incipient cold in the head, coryza, chronic catarrh, etc. A stronger preparation, also recommended by Dr. Hager, is the following: Carbolic acid, 10 parts; oil of turpentine, 5 parts; water of ammonia, 12 parts; alcohol 20 parts. To be used in the same manner as the preceding. Hager recommends those as prophylactics against diphtheria. He advises all those who handle and are about patients suffering from diphtheria or phthisis, to place a vial with this *olfactorium* to the nose when they approach the patient.—*Therapeutic Gazette*.

Dr. James Whelan says in *The Practitioner*, that he treats colds as follows: The formula I invariably use is—

Quininæ sulphatis, 18 grains.

Liquoris arsenicalis, 12 minims.

Liquoris atropinæ, 1 minim.

Extracti gentianæ, 20 grains.

Pulveris gummi acaciæ q. s. ut fiant pilulæ, 12.

Sig. One every three, four, or six hours according to circumstances.

If these pills be commenced in the early stage of a common cold, *i. e.*, when the affection is as yet confined to the nose and pharynx, the affection will be nipped in the bud. At starting one pill should be taken every three or four hours, and later on every six. If a catarrhal subject has a box of these pills always at hand, he has, I believe, a weapon wherewith to meet and defeat his enemy. The longest time I have seen a cold last whilst the patient was fairly taking these pills was three days. How the remedy acts I do not know, except it be a powerful nervine and general tonic, bracing the patient's tissues up to resist the attacks of the exciting cause of the affection.

BOOK REVIEWS.

MINOR SURGICAL GYNECOLOGY. A Treatise of Uterine Diagnosis and the Lesser Technicalities of Gynecological Practice, including General Rules for Gynecological Operations and the Operations for Lacerated Cervix and Perineum and Prolapsus of Uterus and Vagina, for the use of the advanced student and general practitioner. By PAUL F. MUNDÉ, M. D., Professor of Gynecology at the New York Polyclinic and at Dartmouth College; Gynecologist Mt. Sinai Hospital; Obstetric Surgeon to Maternity Hospital; Vice-President of the American Gynecological Society; Fellow of the Obstetrical Society of New York; Corresponding Fellow of the Obstetrical Societies of Philadelphia and Edinburgh, and of the Gynecological Society of Boston; Honorary Fellow of the Medical and Surgical Society of Richmond, Virginia, of the Pathological Society of Harrisburgh, Penn., and of the Medical Society of Fairfield, Conn. SECOND EDITION, Revised and Enlarged; with three hundred and twenty-one illustrations. New York: Wm. Wood & Co., 56 and 58 La Fayette Place.

The great fault with the majority of medical works is that the authors having become thoroughly acquainted with the technique of the operations described involuntarily omit many details, just as a man in writing a diary would fail to note how often he washed his hands and combed his hair or the kind of soap and comb he used each time. Yet if this diary was to be read by a barbarian, who desired to become civilized it would be of considerable importance to him to know these "second nature" details.

The work before us is notably exempt from this criticism. It is eminently a practical work and thoroughly fulfills the promise of the title. As we read this book of Dr. Mundé's, we marked the important passages that we thought should be incorporated into our review, but now we find the marked passages alone would fill this number of the SOUTHERN CALIFORNIA PRACTITIONER. When this work was first published in Wood's Library for 1880, it met with such a favorable reception that the author gave it a thorough revision and it is now practically a new volume. The author appreciates fully the necessities of the advanced student and the general practitioner. To review the work would be simply enumerating its strong points for it contains nothing we could criticise adversely. To the general practitioner who does not own this work we have one word of advice. Purchase a copy as soon as possible.

MANAGEMENT OF PREGNANCY, PARTURITION AND THE PUERPERAL STATE AND THEIR COMPLICATIONS. By PAUL F. MUNDÉ, M. D. 1887. Geo. L. Davis, Detroit, Mich. Price 25 cents. For sale by Stoll & Thayer, No. 3 South Spring street.

It is very rarely that the "busy practitioner" stops to read carefully any of the new and ponderous tomes that he purchases, but he puts them on his library shelves and refers to them only when in doubt and trouble, and the consequence is he is in danger of soon deserving the title of old foggy practitioner.

This elegant—though inexpensive—little work before us, written by one of America's most distinguished and progressive authors, teachers and practitioners, is so concise and compact that the *accoucheur* who graduated ten years or more ago can, by sticking it in his pocket and reading it from time to time when he has a few spare minutes, learn wherein the professors to-day differ from those of a decade ago. These small volumes really fill a valuable place in medical literature, and we heartily commend them to the student and the physician.

AN INTRODUCTION TO PRACTICAL BACTERIOLOGY. A Guide for Students and General Practitioners. By THOS. E. SATTERTHWAITE, M. D., Professor of Pathology and General Medicine in the New York Post-Graduate Medical School and Hospital, New York city. 1887. Geo. S. Davis, Detroit, Mich. Price 25 cents. For sale by Stoll & Thayer, No. 3 South Spring street, Los Angeles.

This accomplishes all that it claims. Very useful for students of microscopy.

HYDRASTIN CANADENSIS.

FROM a rigid physiological examination of this drug by Fellner, in Vienna, we must conclude that it is not only a vaso-motor poison, but also a direct heart poison. It produced, likewise, very energetic uterine contraction. Where metrorrhagia is the result of inflammatory conditions of the parts, the exhibition of golden seal will prove a success. It also acts remarkably well as a tonic and digestive.

Dr. Slavatsinski suggests that if further experiments show that hydrastin may be used without danger to the mother, it may well replace the use of instruments where premature induction of labor is required. He considers that hydrastin and its salts are more reliable than other preparations of the root. With regard to the dose for therapeutic purposes, he puts the maximum daily quantity at 0.3 grm., where given hypodermically, but would give doses of 0.5 grm. internally.—*New York Medical Times*.

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LOS ANGELES, CAL., JULY, 1887.

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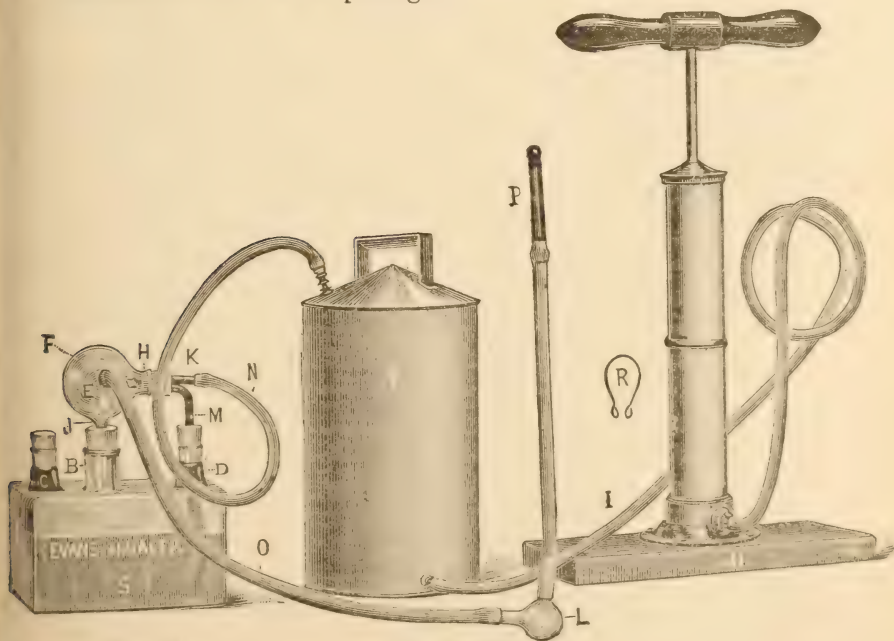
ORIGINAL.

DR. EVANS' NEW INHALING APPARATUS.

BY BENJ. F. WESTBROOK, M. D., BROOKLYN, N. Y.,

President of the Brooklyn Pathological Society; Fellow of the American Laryngological Association; Member of the American Climatological Association, etc.

THE local treatment of diseases of the organs of respiration has, of late, occupied the attention of specialists in this department to an unprecedented degree, and various apparatus have been devised for the purpose either of increasing the efficiency of the respiratory process itself, or for introducing medicated substances into the air passages.



VOL. II. G—L.

Among the latter, the latest is that of Dr. Geo. A. Evans, of Brooklyn. The apparatus (as will be seen by the cut) consists of an ordinary "Wolff" bottle, with a glass globe on top, into one side of which is introduced the point of an ordinary spray tube, while from the other emerges a tube for the collection of pulverized spray. It is a modification of the idea of Dr. Sales-Giron, and depends upon the principle that when a coarse spray is forcibly thrown against a surface, it will be broken up into minute particles, and form a fine nebula which will float in the atmosphere several minutes before being precipitated or evaporated. The grosser part of the spray remains in the globe and falls through a tube, back into the "Wolff" bottle, while the non-finely nebulized portion is carried off through the tube of exit, from which it is inhaled by the patient. The mouth-piece consists of a hard rubber tube, with an opening on one side, the tube held in the mouth of the patient, and the opening in its side covered by his fore-finger during inspiration; during expiration the finger is removed, so as to allow the breath and spray to pass out through the side opening. The patient is instructed to make deep and slow inspirations, with the idea of securing, as far as possible, voluntary expansion of the chest.

Dr. Evans also makes the tube through which the patient inhales, of a smaller calibre than that of the trachea, in accordance with his idea that by this means friction is increased and a considerable muscular effort is required in order to expand the chest and draw in the air and spray.

As the spray is so fine as to be capable of remaining suspended in the atmosphere for several minutes, the doctor thinks that it will be so diffused in the residual air as to penetrate the vesicular structure of the lung. The spray is produced by the action of compressed air, and it is obtained by means of a hand pump and reservoir attached to the apparatus. Various medicaments are used with this apparatus, the most prominent of which is a solution of carbolic acid with glycerine, and borax. Owing to the fine division of the spray which does not permit of the deposit of any globules or drops of the solution upon the mucous membrane, the acid may be used in much greater strength than with the ordinary atomizer. With the coarse spray of a "Richardson" or other hand-bulb atomizer, or the "Sass" (Bergson) tube, it is impossible to use more than a one

or two per cent solution of carbolic acid, but with Dr. Evans' mechanism a twenty, or even thirty, per cent solution may be employed. The sittings are continued for from fifteen minutes to an hour, the patient inhaling continuously. The writer has modified the apparatus by using a larger tube for inhalation. We have had made by Mr. Fred. Haslam an inhaling tube one-half an inch in diameter, with the object of furnishing a freer ingress of air, so as to facilitate the inspiration. It appears to us that if there is any advantage to be gained from the introduction of the compressed air which comes directly into the patient's mouth in dilating the chest, it can be more certainly attained by enlarging the tube so as to diminish the friction.

Recently Dr. Evans has attached an elastic rubber bag to the "Wolff" bottle. During the exhalation the compressed air coming through the spray tube into the bottle is collected in this bag, and during inspiration is delivered from the bag into the inhaling tube. It is claimed that by this means a larger supply of air is furnished, and that the elastic contraction of the reservoir assists in forcing the air into the respiratory passages.

If the doctor's object is to obtain the benefit of the inhalation of compressed air, it would seem to us that his narrow inhaling tube counteracts the effect which he seeks to produce. In the *New York Medical Journal* for March 6th, 1886, Dr. Evans has given an account of the apparatus, and the record of a number of cases of phthisis pulmonalis, which were treated, with the most gratifying results. Of six cases in the first stage, all were reported cured; out of four in the second stage, three recovered; and of three in the third stage, that of excavation, two died, while one recovered. If these results are confirmed by further observation, it must be conceded that Dr. Evans has made the greatest medical discovery of the age.

The writer, with his partner, Dr. A. H. Buckmaster, has treated quite a number of cases of phthisis, chronic bronchitis and asthma. The results have so far been very gratifying, though not, we think, as successful as those reported by Dr. Evans. In two aggravated cases of chronic bronchitis and asthma, the local treatment in combination with constitutional remedies, has been eminently successful, though the effects seem to have been more observable in the amelioration of the bronchial inflammation than of the asthma, the spasmodic element

being better relieved by such remedies as the iodides, bromides, etc., while the bronchial catarrh has seemed to yield more readily to the local action of the spray than it would have done to the constitutional remedies if used alone. In ordinary acute bronchitis, several cases of which have been treated, its curative effects have been very striking. We have also used the Evans apparatus in the treatment of several aggravated cases of diffused catarrh of the upper air passages, where the irritability of the mucous membrane of the pharynx, larynx and trachea have been so great as to give rise to frequent attacks of vomiting, particularly with the morning cough. The plan has been, first, to thoroughly wash and disinfect the upper air passages with the coarse spray of the "Sass" tube, thrown in under a pressure of from thirty to fifty lbs. to the square inch, and then have the patient inhale the spray of a twenty per cent solution of carbolic acid from the Evans atomizer for about half an hour. Relief has been obtained much more promptly by this combined treatment than by either method if used by itself. In fact, for nasal and naso-pharyngeal catarrh, where a thorough washing out of the cavities is absolutely necessary to a cure, the apparatus of Dr. Evans is comparatively valueless; but, when the membranes have been thoroughly cleansed, great benefit may be obtained by the prolonged inhalation of the finely nebulized spray. We have further modified the method of Dr. Evans in all cases by causing the patients, instead of removing the finger from the mouth-piece and allowing the breath and spray to escape through it during expiration, to blow the spray out through the nose. This can be readily done by anyone with very little practice, and is of advantage, inasmuch as almost everyone who suffers from catarrh of the larynx or bronchial tubes has also more or less naso-pharyngeal catarrh. This is particularly the case in pulmonary consumption, and the reflex irritation from the posterior nares, and the direct result of the passage of purulent matter through the naso-pharynx downward, is to greatly aggravate the cough. By exhaling the spray through the nostrils, we get simultaneous treatment of the entire respiratory tract. Whether the spray introduced in this way ever permeates to the alveoli of the lungs, is difficult to determine; but we must say, that if it can be obtained by the use of any device with which we are acquainted, it is by that of Dr. Evans.

Much has been said of late in regard to the relative merits of this apparatus and the pneumatic cabinet. It is difficult to draw a comparison between them, except in so far as clinical results are concerned, because the principles involved are quite different. In using the pneumatic cabinet we depend almost entirely upon the effects of differential pressure, that is: upon the difference between the pressure of the air inhaled, and that upon the exterior of the body; while with the Evans inhaler we look for more benefit to be gained through the voluntary effort on the part of the patient, and the deeper penetration of the medicated spray. It is claimed by the inventor of the pneumatic cabinet, that the increased expansion of the chest resulting from the inhalation of compressed air, will carry the spray deeper into the respiratory passages, than it can be by any other means.

It has been shown, however, by some experiments which were made by my friend and former colleague, Dr. Isaac Hull Platt, and myself, and which were referred to by him in an able paper upon the Physics and Physiology of Pneumatic Differentiation, read before the American Climatological Association at its last meeting, and published in the *New York Medical Journal* of Nov. 6 and 13, 1886, that while the respiratory expansion of the chest is increased by the inhalation of relatively compressed air in the pneumatic cabinet, the amount of tidal air passing in and out of the lungs is actually diminished, so that, after the first deep inspiration, the spray would probably not penetrate as deeply, nor would as large an amount be inhaled with each inspiration as if the patient were making strong voluntary effort in the open air. This was ascertained by causing robust men to inhale as deeply as possible, and then exhale through the tube into a jar filled with water. The amount of air exhaled could thus be measured. The subject of the experiment was then placed in the pneumatic cabinet, and under the rarefaction of half an inch of mercury, made the deepest inhalation possible; he then exhaled through the tube into the reservoir, expelling all the air that he could from his chest. It was found on actual measurement that the volume of air exhaled when sitting in the room outside the cabinet was considerably more than while in the cabinet. This will show that the benefit which is undoubtedly derived from the use of the cabinet is not through the introduction of

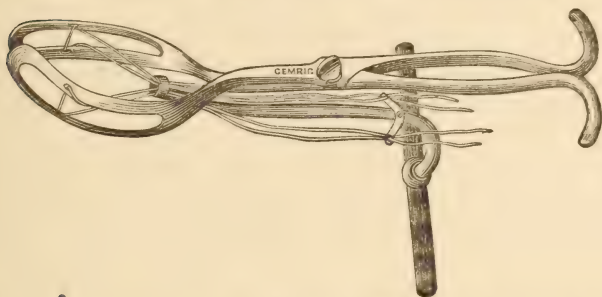
sprays deep into the lungs, but rather through the modification of the circulation in the respiratory organs, resulting from the differential pressure.

In practice we have found that patients who are benefited up to a certain point by the use of the cabinet, could then be still further benefited, particularly as regarded the amount and character of the expectoration, and the violence of the cough, by the use of the Evans Inhaler. And we have further found that those who had come to a standstill after both these forms of treatment, had gone on improving more rapidly when these were discontinued and older and more ordinary methods of treatment adopted. This would go to show that each method has its advantages, and that the judicious practitioner should not limit himself to the exclusive use of one of these, but should give his patients the benefit, as far as possible, of that one which seems particularly suited to his individual condition, or to the combined or separate use of them as circumstances suggest. For office use, where we wish to use the inhaler to the best advantage, some special contrivance should be adopted by which large quantities of compressed air can be secured at a high pressure. Dr. Evans, we believe, uses a gas engine with an air pump, constructed by the Clayton Air Pump Co. of Brooklyn. He uses a pressure of from eighty to one hundred pounds to the square inch, and has a boiler capacity of six or eight hundred gallons. In our own practice we use a smaller engine and storage capacity, and ordinarily employ a pressure of from fifty to sixty pounds. This smaller engine is manufactured by the National Meter Co., of 252 Broadway, N. Y.

THE editor of the *Denver Medical Times* in an excellent article against abortionists says: "The attitude of the church is very indifferent on this question." Such suggestions do great injustice to both Catholicism and Protestantism. The Roman church as well as the Methodist Episcopal, Protestant Episcopal, Baptist and Presbyterian churches speak with no uncertain sound on this question. We of the medical profession should first thoroughly remove the beam from our own eyes before we tackle the mote that darkens the moral vision of any weak theologian.

THE POULLET AXIS-TRACTION FORCEPS.

BY FRANCIS L. HAYNES, M. D., LOS ANGELES.



THIS instrument is a modification of the forceps designed by the illustrious Tarnier, to permit of traction in the axis of the superior strait. As you are aware, this is impossible with ordinary forceps; as the axis of the superior strait, and of the upper portion of the true pelvis, passes through the perineum. The effect of this anatomical configuration is overcome by the shape of the tractor of the Tarnier instrument, which curves sharply downward over the perineum.

Poulet, of Lyons, has perfected and simplified Tarnier's instrument by attaching the tractor by tapes, which run through holes in the forceps blades, two and one-half inches from the tips.

In using Poulet's tractor it is desirable to employ forceps of strong construction, with firm Hodge lock and handles.

The cut represents the Poulet tractor fastened to Hodge forceps. The writer has used, with great satisfaction, this tractor attached to Simpson forceps (with Hodge lock and handles). In using this instrument one cannot fail to note the facility with which the foetal head is drawn through a contracted pelvis, and the freedom with which it rotates into the most favorable position for delivery.

Acknowledgment is due to Dr. H. A. Kelly, of Philadelphia, who brought the Poulet instrument from Europe, and who is its enthusiastic advocate.

THE second annual session of the Association of American Physicians was held in the city of Washington, June 2 and 3, 1887. Dr. S. Wier Mitchell presided.

***NARCOSIS FROM COMBINED EFFECTS OF CHLOROFORM AND OPIUM.**

BY H. G. BRAINERD, A. B., M. D.,

Lecturer on Diseases of the Mind and Nervous System in the Medical College of the University of Southern California; late Assistant Superintendent of the State Hospital for the Insane, Independence, Iowa.

THE subject of this sketch, A. H. W., was a tall, slight blonde, of American parentage, age 28, married. For several months she had been suffering from a mild attack of melancholia, which had not yielded to the treatment of her family physician and she had been brought to the Hospital for the Insane by her husband. She complained of a strange, uncomfortable sensation in her head; that she was unable to fix her mind on any subject, and was constantly under the influence of the delusion that she was *losing* her mind and would soon become totally demented; but in her conversation and her letters she showed no loss of memory or reasoning power, or, in fact, any evidence of dementia which she feared. Her husband assured us that she had never attempted suicide; that she had a scrupulous regard for her word, and could be trusted implicitly to do as she promised, and he wished her to be given all the freedom consistent with the regulations of the institution. Accordingly, on her promise not to try to escape, she was allowed to stroll about the grounds with other patients, and to ride to town a couple of miles away. On one of these occasions, while shopping with a party of fellow-patients, she excused herself from her companions on some trivial pretext, went to a drug store, purchased an ounce of chloroform and a drachm of gum opium. She then went to the parlor of a neighboring hotel, swallowed two-thirds of the opium and washed it down with three-quarters of the chloroform. These facts, however, we knew nothing of till many hours afterward.

Whether the chloroform produced a primary stimulation, or the step she had taken caused her to lose her self-control, I can not say, but for some reason she became much excited, prayed, sang and talked in so loud and excited a manner as to attract the attention of hotel employes, who looked up the attendant, in charge of the party of patients that had come to town that morning, and notified her that a lady at the hotel was acting

* Read at the June meeting of Los Angeles County Medical Society.

strangely, and asked her to see if she belonged at the hospital. When the attendant reached the hotel Mrs. W.'s excitement had subsided. She appeared quiet and somewhat drowsy, and said she was tired and sleepy, and would like to stay at the hotel and rest till afternoon before returning to the hospital. Accordingly the attendant staid with her, and the rest of the party returned to the hospital, reaching there shortly after 12 o'clock, and reported what Mrs. W. had said. Our suspicions were at once aroused, and we telephoned to the hotel asking about her condition, and received the reply that her excitement had all passed off and that she was now sleeping quietly, which did not allay our suspicions. We immediately telephoned to a physician in town to see her as soon as possible, and let us know her condition. While waiting a reply I questioned a convalescent patient who had been one of the party in town that morning, and who was quite intimate with Mrs. W., as to whether Mrs. W. could have taken poison, but she scouted the idea—said there had been no opportunity to get any, and that Mrs. W. never had appeared more natural and cheerful, and she was sure we would find her all right in the afternoon. Within half an hour Dr. Wilson, to whom we had telephoned, reported that our patient was suffering from profound narcosis. From the odor of her breath and the contents of a partially filled bottle found near her it was probably due to chloroform, and from the appearance of her mouth and throat he believed she had swallowed it.

As soon as possible Dr. Hill and myself drove to the hotel, reaching there about 1:30 P. M., some two and a half hours after the poison had been taken. We found her profoundly comatose, deeply cyanotic, pupils moderately contracted, pulse small, frequent and irregular, 130 to 140 per minute, respirations short and gasping, and only twice or three times per minute, even when stimulated by ammonia and slapping the chest with a cold wet towel. As she seemed in immediate danger of death from asphyxia we gave her 1-60 gr. of atropia hypodermatically, and began artificial respiration. The patient was laid on a bed, the shoulders and head slightly elevated. The operator, standing or sitting at her head, grasped her wrists, the palms being everted, and slowly raised them upward and backward, pulling sufficiently to raise the shoulders and anterior part of chest, which causes an inspiration, while

expiration was accomplished by lowering the arms to the sides and pressing the chest downward, while an assistant forced the diaphragm upward by pressure on the abdomen. This method is substantially the Sylvester method. Under the influence of the respiration and the hypodermics of atropia and whisky the condition of our patient was very greatly changed. The lips gradually lost their livid hue; the whole surface of the body lost its ghastly color and assumed quite a natural appearance; the heart's action became stronger, fuller and regular.

Respirations at the rate of about ten per minute were kept up till about 4:30 P. M., when it was stopped to see if natural respiration would be resumed when the demand for air became urgent, but in a moment the face became blanched and then rapidly grew purple; the heart's action became rapid and feeble. There was a feeble effort to vomit, followed by complete muscular relaxation. Through the half-closed eyelids could be seen the glassy eyeballs with widely dilated pupils. To all appearances she was dead; but as the heart's action could still be detected we recommenced artificial respiration vigorously, pulling forward the tongue, as the relaxation was so marked that the tongue closed the pharynx; but it seemed impossible to get the lungs to fill again, and the cyanosis was rapidly deepening. Probably it was not more than five minutes before we again succeeded in making the air enter the lungs, but it seemed like *an age* to us. Atropia and whisky were again given subcutaneously, and in a short time we had the satisfaction of again seeing the alarming symptoms disappear, and our patient assume a more natural appearance. After this we did not stop artificial respiration long enough for her to become cyanosed, though we made repeated trials of the faradic current to excite respirations, but without success.

As hour after hour went by with no sign of returning consciousness, we began to fear she never would rouse up, but about a quarter past nine she opened her eyes for a moment and rubbed her nose, in the peculiar manner of one who has taken opium, but it was only for a moment, and she then closed her eyes, lapsing into her former condition in spite of all our efforts to rouse her. Shortly after 10 o'clock she again roused up, and was so much improved that, under the influence of constant urging and a strong faradic current, she resumed natural respiration. At first the inspirations were shallow

and irregular, but gradually increased in frequency and volume till she reached ten or twelve respirations per minute, at 11 o'clock. She now answered questions, told us about getting and taking the chloroform and opium; insisted that she had been in heaven, and blamed us for bringing her back from paradise. If left to herself she soon fell into a profound sleep and forgot to breathe, so had to be frequently reminded of that important duty. Her pulse was now about 110, temperature 99.5°, and her pupils contracted to the size of pinholes. She continued in this condition for a little over an hour, when urging ceased to be sufficient to make her breathe. She became comatose and again we were obliged to resort to artificial respiration, keeping it up continuously for about two hours, and after that intermittently till about 4 A.M., but from that time to this, we are happy to say, she has been able to do her own breathing without any assistance.

Shortly before we reached our patient she had vomited freely, so we did not attempt to use the stomach pump, with which we had provided ourselves, supposing that she had taken only chloroform, and that had there been any left after the emesis we would not, after the lapse of nearly three hours, find such a volatile substance still in the stomach. About 4 P.M. we found the box containing the remnant of the opium, and thus, for the first time, had reason to suspect the effect of opium in the case, but it was then manifestly too late for the stomach pump to be of any use.

During the twelve hours from noon to midnight, Mrs. W. received two doses of atropia of 1-60th gr. each, and two of 1-80th gr. each, and about thirty drachms of whisky subcutaneously, also about four ounces of whisky with milk, per rectum. These remedies unquestionably did much to sustain the enfeebled heart's action, but the essential part of the treatment, in my opinion, was the artificial respiration.

Following the narcosis we expected that our patient would suffer seriously from acute gastritis, bronchitis or nephritis, or perhaps all three combined, but in this we were happily disappointed. She was kept quiet in bed for a week or more, and for several days took only small quantities of milk and lime-water, and small pieces of ice into her stomach, her strength being maintained by rectal enemata. She had some gastritis, but it was so slight that within a week she was able to eat a hearty meal. She had no bronchitis or nephritis.

Thirty or more syringefuls of whisky had been injected into the calves of her legs, which caused an extensive diffuse cellulitis, but at only one point did an abscess form, and that was a small one. There was also a little lameness of the muscles of the shoulders due to their unusual exercise. In a fortnight she had entirely regained her former physical condition and was much improved mentally.

A few weeks later she made a very good recovery, and was able to return to her home.

In looking up the literature of chloroform poisoning we found numberless cases of alarming narcosis, and nearly 500 deaths recorded from its use by inhalation, but could find only 29 cases in all where serious trouble had arisen from its being swallowed, and none reported where both chloroform and opium had been taken. In these 29 cases the amount of chloroform taken varied from a drachm to two ounces; 19 were fatal, death resulting in a few of the cases from asphyxia within a few hours of the ingestion of the drug. In the others death occurred from two to ten days afterward, from some acute inflammation, one from congestion of brain, several from bronchitis and œdema of the lungs, but in the majority gastritis was the most prominent lesion. Equally as large amounts were taken in the cases which recovered, but each one either took the chloroform mixed with oil or had the stomach emptied of its contents within an hour of its being taken. So far as mentioned, the treatment in the cases which recovered consisted in the use of artificial respiration, the faradic current and stimulants during the stage of asphyxia, with appropriate treatment for the sequelæ.

It is impossible to state the lethal dose of opium, as the personal equation has so much to do in determining that point. I have seen alarming narcosis follow the subcutaneous use of less than one grain of sulphate of morphia, and again have seen half an ounce of tinct. of opium taken without serious disturbance; and cases are on record where a dose of eight ounces of laudanum did not prove fatal.

In cases of opium poisoning, unless there is some renal disease so that uremic poisoning is induced, death usually takes place by asphyxia; hence artificial respiration is of the first importance, and I would advise its use as soon as the respirations fall below four or five per minute. If the narcosis is not very profound, respiration may be sufficiently stimulated by

flagellations of the chest with a wet towel, obliging the patient to walk; or by the inhalation of nitrite of amyl or ammonia; the internal use of nitro-glycerine, belladonna, or strong coffee, or by the subcutaneous use of atropia or caffeine. In many cases the faradic current may be used to advantage, but caution should be exercised in applying the current over the pneumogastriacs in the neck, as too strong a current is liable to produce fatal cardiac depression. A suitable manner of applying the electrodes, is to place one at the back of the neck and pass the other slowly over the lower portion of the chest. By the use of the means enumerated, we may hope to successfully combat the effects of very large doses of opium. In the case which we have reported, six drachms of chloroform and forty grains of opium were taken. The addition of the opium was not, in my opinion, an unalloyed evil, for to its influence, I believe, was due the absence of gastritis or bronchitis, which is so uniformly produced by chloroform.

DISCUSSION.

In the discussion of the paper which followed, Dr. Will. E. Lindley reported a case of narcosis produced by opium and the inhalation of chloroform, which he treated successfully by inhalations of ammonia and using artificial respiration. Dr. Cohn reported the case of a drunken man who swallowed two ounces of clear chloroform and recovered from its effects, without any treatment. In this case the narcosis was of such brief duration, that in two hours after taking the chloroform the man, who was a cook, was able to prepare a meal. Numerous cases of opium narcosis were reported by various members. Dr. Marion reported a case of opium poisoning, where death undoubtedly resulted from the tincture of belladonna, which had been given as an antidote. Dr. Davisson advocated the use of the faradic current in opium narcosis, but had found the application of both electrodes to the nose, one on either side, to give the best results.

Dr. Bicknell, the President of the Society, had had excellent results from the subcutaneous use of atropia in opium poisoning, and urged the necessity of persistence in the efforts at resuscitation, even though the case might seem unpromising. He also brought out clearly the point that chloroform narcosis did not differ essentially from that produced by opium, and was amenable to the same line of treatment.

CLIMATIC.

BY EDWARD C. FOLSOM, M. D.,

Resident Physician, Santa Monica, California.

I WILL state in the beginning of this article, that my health always compelled me (asthmatic, and better in warm weather) to seek warm resorts in contrast to cold ones, so that I shall refer only to the winter resorts, most of which I have visited in search of health. Winter resorts bring invalids with a range of diseases far different from summer resorts—and in the combining of the two, California stands alone and unrivalled.

Dr. Bell, in his admirable work on Climatology, says :

“Climatology is the sum of the influences exerted upon the atmosphere by temperature, humidity, pressure, soil, proximity to the sea, lakes, rivers, plains, forests, mountains, and, doubtless, by some other conditions of which we have no knowledge.”

Now, from a careful reading of the various works on climatic effects on the system in health and disease, we come to the one important conclusion, namely, that no climate is curative or desirable for man's abode where foul air, foul soil or impure water are to be found ; and while it is true that certain symptoms, and even diseases, are ameliorated in unhealthy localities, still the system must suffer from other diseases of as fatal a character if subjected to the influence of air and water contamination.

Pulmonary consumption, according to Dr. Bell and others, “probably depends on foul air conditions more than any other disease, and the effect of different climates on this disease is usually the chief feature considered by the various authors in climatology—from a medical standpoint.”

The atmosphere being composed of oxygen and nitrogen (in the proportion of 23 parts of the former to 77 parts of the latter), with an oxidating state, or one of great activity possessed by oxygen and called *ozone*, the great preventer of putrefaction. We have at once the reason why it is so important for the lungs to take in pure air, or oxygen on a state of activity. As an illustration of the wonderful power of ozone on organic matter in a state of decomposition, I would refer to the experiments of Drs. Wood and Richardson with blood.

Let us glance at some of the noted winter resorts :

Nice—Situate in the South of France, on the Mediterranean. The climate and waters of Nice are said to be specially beneficial in the following complaints: Dyspepsia, scrofula, nervous affections, paralysis, neuralgia, lymphatic maladies and diseases peculiar to females. This is noted as a *winter* resort. I found it so *cold* that it was not the place for me, and got away as soon as possible. Ice forms many nights during the winter months, and the invalid needs thick wraps and a fire daily; the rains are frequent and cold, and the sea-bathing is only safe for a strong and robust person. You will find the hotels full of shivering invalids—it has been fashionable, and the “correct thing” to winter at Nice.

Monaco, Mentone, and Cannes, short distances from Nice, are also resorts having much the same climates as Nice.

Florence, Italy, is very little warmer than Nice; is inland, on a river (Amo), and subject to very disagreeable winds. Some winters snow falls, and in general the air after sunset is cold and damp. More or less malaria is found, especially near the river.

Rome, Italy, is some warmer than Florence—though very little in winter—and a cold, raw, penetrating dampness is felt nightly by invalids during the winter months. The summers are very warm and unhealthy, and all leave the city who can.

Naples, Italy, is a much more desirable winter resort than any of the above named places in regard to temperature; but the sanitary conditions are such that one never is safe. The island of Capri, reached by steamer from Naples (about twenty miles), has the best climate of any resort I have mentioned. It has quite a variety of elevations, and the air feels soft and balmy.

While many Europeans derive some benefit from their resorts, the American invalids feel “out of place” and get homesick among natives of a different tongue, and with habits and customs so dissimilar, and I found that nearly all from America were extremely anxious to get home; many had come to stay one or two years, and after a residence of as many months had got discontented and homesick. Now if any climate will cure a homesick person, I have failed to find such. We all know what power the mind exerts on patients, and how important it is that they are made comfortable and contented with the quarters they occupy.

Florida—I have passed four winters and one summer in the “land of flowers.” The winter season varies much from year to year, and at different portions of the State—the further south you go the more you feel the soft, warm climate peculiar to the State. The rainfall of the State is on an average 50 inches yearly. The Spanish records of St. Augustine, Fla., for 100 years show the mean temperature to be 60° F. for the winter months, and 86° F. for the summer months. When the winters are not their “wet ones” they are very pleasant; and though the summers are not as hot as one would expect from the latitude, yet they are so extremely long that one sighs for the winter to come. Outside the larger cities the invalid leads an out-door life, and if anything is truly beneficial certainly they are taking the right medicine. Nine out of ten invalids who visit Florida go north in the spring too early, and the sudden change of temperature is very fatal. Diseases of the throat and lungs are the ones more commonly found sent from the north to spend the winter in Florida.

SANTA MONICA, LOS ANGELES COUNTY, CAL.

This town (incorporated) is situate on a high bluff, directly on the bay of Santa Monica (an open roadstead). It is eighteen miles west of Los Angeles city by railroad and carriage road. The soil is dry, and there are no marshes near the town, or any mud-flats exposed at low water. The climate is influenced and the temperature equalized by the ocean.

Mean temperature of January and July:

Santa Monica, Cal....	Jan. 54°	July 70°	Difference 16°
Jacksonville, Fla.....	“ 55°	“ 82°	“ 27°
Nice, France.....	“ 40°	“ 73°	“ 33°

The population of the town and vicinity has been about one thousand, permanent, during the past four years; in the winter we have an addition of several hundred, visitors, etc., and during the summer from 1200 to 2000 extra—this being the nearest seashore resort to Los Angeles.

I have been engaged in the practice of medicine here for the past four years, and will state some few facts from personal observation.

Asthma—I have been afflicted with asthma since two years of age (till I came here). Since my residence here have been almost entirely free from it. I have seen a number of cases in

my practice; the results of residence here vary—some are benefited and a number cannot stay here over night (the latter cases usually do better at an elevation).

Diarrhœa—uncomplicated—is very rare and amenable to treatment.

Bronchitis, chronic—A large portion are benefited, and many entirely cured by a permanent residence here.

Malaria—This is a non-malarious locality.

Catarrh—When it occurs among the permanent residents is much the same as elsewhere; but those subject to it in the East find great and permanent relief by residing here. One family, of three, come here every winter for relief—the father told me that they used one hundred handkerchiefs per week when at home (Minnesota), and, drawing one from his pocket, remarked, “this lasts me here as long as other people.”

Diphtheria—I have seen six cases here during the past four years—two of which terminated fatally; both of these cases brought the disease here (non-residents).

Croup, membranous—Have met but one case—the child died; family history was, that the children were all “croupy,” and one had died some years previous of the same disease, in another city.

Dysentery—Very uncommon; no fatal cases.

Phthisis, pulmonary—I have seen but one case that originated here, and that resulted in death. Many invalids in the very last stages come here for the same reason they go elsewhere, and with the usual results—the same old story, “a little bronchial affection”; “am advised to spend the winter in California”; “where is the best place?” etc.

Pneumonia—This terrible disease is much rarer and less fatal in Southern California than at any place of same temperature I ever saw or heard of; the disease yields to treatment, in most cases, in a way truly gratifying to the physician.

Rheumatism—The usual number of cases occur among the residents; but I have not seen any bad case of the inflammatory variety. I have seen several bad cases of the inflammatory form further north, and they receive great benefit from the “Hot Springs” of Southern California.

Typhoid Fever—Far less fatal or frequent here than at the East. I have heard of but two deaths from it in this place and vicinity for four years.

All diseases of children are of milder form than East. Those peculiar to the summer and during dentition are of infrequent occurrence and little dreaded.

Paralysis—I have seen a number of cases, each differing; they all improved by residence, sea-bathing, etc. Some very much benefited by residence alone.

Midwifery cases do remarkably well; the diseases of child-bed are almost unknown, and I have yet to see the first case of puerpural fever here. I have attended nearly all the confinement cases occurring in this vicinity for four years, and have not had a single death among them. So great has become the faith of women in their security in Santa Monica that a number have come from Texas, Arizona and New Mexico for accouchment; and I know of one lady who has come here every year for the same purpose.

Wounds heal with great rapidity here. The antiseptic condition of the atmosphere I have never seen excelled.

The sea air of the Pacific coast is remarkable for its salubrity, notwithstanding its humidity. According to statistics, the proportion of deaths from consumption, as against those from all other causes, are sixteen times less at sea than on land. Scrofulous affections of the joints and glands, and all kindred diseases; many nervous affections, the result of overwork and debility of mind or body, are benefited and cured by the sea-air treatment.

Dr. Bell, in his *Climatology of the United States*, says: "The higher electrical state of, and the more constant presence of, ozone in the atmosphere, the common prevalence of air in motion (which equalizes temperature and scatters pernicious effluvia and condensed vapors), are all fertile sources of health, abundantly found at the sea shore." "Warm insular and sea-coast places, with a clean soil and devoid of organic matter in process of putrefaction, are commonly free from pulmonary diseases, and generally healthy."

The summers here are cool, day and night; the days of winter are comfortable for out-door employment; fires are needed mornings and evenings through the winter, but seldom during the daytime. The sea-bathing can be enjoyed all the year round—there is hardly a day in the whole year that ladies and children do not bathe in the ocean; but one must get gradually accustomed to the water, and not stay in too long, and

see that the proper reaction after the bath is secured. Many come here and act as though they thought they could do anything with impunity, because they are in a milder climate. I know of no State in the Union where the laws of health must be complied with more than in California, and the invalid in every case must begin walks, baths, and all exercise and acts of life with due reference to those established laws.

COMPLIMENTARY.

THE May number of the SOUTHERN CALIFORNIA PRACTITIONER, an ably edited medical journal, contains an excellent article on "Typical Climates of San Diego County," by Dr. C. M. Fenn of this city. Last month we took occasion to notice a scholarly article from the pen of Dr. D. McSweegan in the same journal. Both of these articles not only reflect honor upon the writers, but do a vast amount of good for San Diego. We are pleased to notice the writings of our local medicos, for when doctors write they generally say something worth reading. It is manly and dignified, and inspires the community with confidence in an honorable profession. The cramming of a couple of courses of lectures and the possession of a diploma does not make the qualified doctor. Neither does professional wrangling, nor membership in a medical society. The intelligent, brainy physician can be judged not by gaudy show, but by his pen.—*San Diego Daily Bee*.

THE *Medical Standard* issued an elegant daily edition during the recent session in Chicago of the American Medical Association. The American Medical Association appropriated \$1000 toward the expenses of the International Medical Congress. Dr. A. Y. P. Garnett, of Washington, is the president elect, and Duncan Eve, of Nashville, first vice-president of the American Medical Association. Over 1,500 members were in attendance. Drs. Dudley S. Reynolds, of Louisville; N. S. Davis and Geo. H. Rohe, of Chicago; W. C. Wile, J. V. Shoemaker, Frank Woodbury and W. H. Pancoast, of Philadelphia; Drs. E. C. Spitzka, I. N. Love and E. H. Gregory, of St. Louis, and Dr. A. N. Bell, of New York city, appeared to have held the lines that directed the Association.

SELECTED.

OPPOSED TO WET-NURSES.

It was decided before the birth of the infant king of Spain that the royal mother should not nurse her child. The *London Lancet*, commenting on this, says: "The royal mother was not to be allowed the natural privilege which is properly so prized by most mothers of lower degree—would that we could say so of all! But when royalty sets the fashion, what wonder is it that others, with no public or extra domestic duties whatever to attend to, and so entirely without excuse, hasten to depute the mother's duty to a stranger."

That noble woman, the Queen of England was nursed by her good German mother, the Duchess of Kent; and Victoria, in her turn, has watched and guarded over nine children as a true and loyal mother should.

It is an historical fact that the mother of Louis IX of France suckled and brought up all her children. During an illness under which the queen labored, her infant son was placed at the breast of one of her ladies of honor; upon seeing it, the royal mother called for the young prince, put her finger into his mouth, and caused him to vomit the milk he had just swallowed, exclaiming, "Do you suppose that I shall suffer any one to take from me the title and office of mother, which God has given me?" She then placed the child to her own breast, and nursed him, notwithstanding her illness.

With these and other salutary examples before her, the unnatural mother of to-day will stand unconcernedly by and watch her child while it draws the breast of the lowest grade of her sex.

The cry, "I have no milk; I cannot nurse my baby!" is not limited, as it once was, to the upper classes; it is found in the mouths of the poor as well, owing to the force of example, and it is common for women in blooming health to bring to my dispensary class their sick babies, with their bottles, all giving this same excuse.

The lives of nine-tenths of the wet-nursed children are purchased at the expense of the lives of other children. The practice, therefore, of placing children to dry-nurse, either in

families or in institutions, in order that the mother may go as wet-nurse, is iniquitous.

It is inexcusable and indefensible under any circumstances. It is the deliberate starvation of one child that another may live.

It is lamentable that a system so pernicious and injurious to the best interests of society should be tolerated, and even encouraged, by the most eminent and honorable members of the medical profession.

Briefly, then, we usually select a hireling to perform the mother's most sacred duty; one who occupies the lowest place in the social scale, and in whom there is an absence of the moral qualities; usually one who has been, in some degree at least, a prostitute; one who can forsake her own child and take a stranger's to her breast; one who can witness the gradual starvation and death of her own child, and who may be a double murderess by poisoning her foster-child with opiates or alcohol! If, after being nourished from such a fountain, our child is perverse, froward, insolent, and has no regard for truth, who is accountable? Is not the mother who deprived him of her own pure, untainted breast, and who purchased for him instead a polluted and debauched stream?

It has been said that wet-nurses are a necessary evil. I believe them to be an unnecessary and unmitigated evil; moreover, I believe, with certain rare exceptions, their employment should be suppressed.—*Dr. J. E. Winters in N. Y. Med. Record.*

THE Medical Record says: There is a growing belief among sanitarians that salicylic acid is being used more and more extensively in the preservation of canned food, milk, wine, beer and other articles. Dr. Bartley, a Brooklyn chemist, has found about fifteen grains to the gallon in some beers, especially those of Western manufacture. The French government has also taken action in this matter.

The American Journal of Obstetrics and Diseases of Women and Children is an excellent monthly journal, ably edited by Prof. Paul F. Munde. It is published by Wm. Wood & Co., 56 and 58 La Fayette Place, New York city. Terms, \$5 per year.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican Interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Touton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

WORK—AND LIVE.

It is often said of a confirmed invalid that he keeps himself alive by sheer force of will. The statement is not without a strong vein of truth in it. There is such a thing as being too busy to die. The mind may unquestionably react upon the body, just as the body acts upon the mind.

The tonic effect upon a feeble or a failing body of a strong purpose, or the determination to finish some uncompleted plan, is daily seen in the rounds of medical practice. And, on the contrary, the ill effect of the giving up of such a purpose is also frequently seen. The physical collapse which quickly comes to the hoping invalid, upon the discovery that the ailment is incurable, is another illustration. Hope deferred may indeed make the heart sick; but hope taken away makes of it a sickness unto death.

It is not in these striking cases, however, that the working of the law is oftenest seen. The cases where men die because of a lack of purpose in life, are generally of another class. They belong to the class mentioned in Luke xii, 19th, where a certain rich man said to his soul, "Soul, thou hast much goods laid up for many years: take thine ease, eat, drink, and be merry."

This is one of the great danger lines of life. It is a climacteric of riches, not of years.

The man who has toiled for a competency through busy years, ever buoyed up by the stimulus of a strong purpose to accumulate a fortune, finding his purpose accomplished, says he has worked hard long enough and will now take it easy. He will now begin to enjoy life.

But to most such men the ideal of enjoyment is idleness. The occasional holiday which had been snatched from the mouths of unremitting toil, was to the tired body and brain a day of such idle restfulness, and now he attempts to carry into the remaining years of a lifetime the same idleness. But it is no longer restful. The habits of half a lifetime cannot be thus suddenly overturned. Ennui begins to haunt the empty days as a very demon of unrest. The man misses the tonic stimulus of his business, yet no longer has the spur of necessity to drive him back to work again. And so with this unrest of days without a purpose, and anchored by no round of daily duties, he begins to drift. He possibly retains, at least for a while, the craving appetite of his olden work days, and continues to take his former amount of food, but no longer consumes it by the wear of a busy life, and so begins to carry more than his normal weight in flesh. Liver and kidneys are overtaxed, and then give way, under the increased burden of elimination thrown upon them.

No ! it was not a mysterious dispensation of Providence, as the gentleman with the white cravat intimated. "Our deceased brother" simply tried to do what he would have discharged one of his engineers for doing—stopping the engine and keeping up the fires, with no adequate safety valve to let off the pent-up steam.

Brethren of the race of toilers, there was an infinite wisdom and an infinite love back of the words of that olden curse, "In the sweat of thy brow shall thou eat bread." It meant days with no ennui of idleness in them. It meant nights when sleep was sweet, because it was honestly earned. It meant life—and peace—and a mind content—and a soul not ashamed of the years when it comes to face God.

And yet the holiday is good ; only, do not make it too long.

THE NESTOR OF ANATOMISTS—CORYDON L. FORD,
M. D., LL.D.

PROFESSOR FORD, who without question is at the head of American anatomists, recently made the following remarks in response to addresses made on the occasion of the presentation of his picture—by the medical students—to the University of Michigan.

May God continue to bless the grand old man, and prolong his pure and useful life for many years, is our prayer:

MR. PRESIDENT, LADIES AND GENTLEMEN: Embarrassing as it is after the many complimentary remarks of partial friends, I will lay aside modesty and comply with a request that I speak of myself, in the hope that I may encourage some who hear me, to continue in well doing.

It is of course known to most of you that I have been connected with several medical colleges, and I have been asked by what means I secured so many appointments.

When I taught school I sought the places, for that was the custom ; but since I received my diploma, places have sought me ; and if you will pardon my egotism I will gratify an expressed wish.

On a pleasant morning in May, 1834, my light trunk was soon packed, and I started on a journey of some 200 miles, to be made by the mode of traveling then in vogue, the stage and

canal boat, from eastern to western New York. This was accomplished between the morning of Wednesday, May 7, and the evening of Tuesday, May 13, the Sabbath (in church) and a part of Monday being spent in Rochester. On the morning of May 14 I awoke in the midst of a blinding snow storm, which prevailed most of the day, among strangers, there being only one person I had ever seen.

I was not quite old enough to vote, and felt that my future was, by the blessing of Providence, for my own making.

Several object lessons had been well learned at a farmer's home, among which were industry, economy and perseverance. I also had what a friend, who signed my diploma, once encouragingly called "the blessing of poverty," for my money was less than three dollars, and reliance for the future was to be upon myself. The importance of starting and continuing right in the race now beginning could not be overlooked, and I determined that I would not use tobacco. I would have nothing to do with anything that could dethrone reason or intoxicate. I would never go in places or in company where my honored mother might not accompany me.

While engaged in dissecting, I yielded, temporarily, to the too common notion that tobacco would relieve the offensiveness of the work-room, but for more than forty years no tobacco has tainted my breath.

On the 19th day of May I received a certificate, which I still retain, stating that on that day I commenced the study of "medicine and surgery," signed "A. B. Brown, Vice-President of the Niagara Co. Medical Society."

Weeks passed; I studied with some instruction, feeling "blue" about my prospects, which about the middle of August Dr. Hill, residing at Medina, greatly relieved, by appearing in the office in search of a medical student (of whom he had heard) to go and take charge of a small drug store, prepare medicine and study, for which board and instruction would be my compensation.

I promptly accepted the offer, again among strangers, with my character to be established by my conduct.

Time passed; I studied, worked, attended to my business. Clothes were wearing out. I left Dr. Hill and resorted to my only mode of earning money, which at \$14 a month, for teaching school, did not replenish the pocket very rapidly.

Meanwhile my lack of suitable education oppressed me, and I resolved to resume the study of Latin and Greek, which I did at Canandaigua academy, teaching in the winter.

In 1840 an unskilled dentist broke a tooth for me, and I was prompted to visit Dr. Edson Carr, whom I had seen, but had never met. The tooth matter being satisfactorily adjusted, the question of my future was briefly discussed, and in due time I became an inmate of his office and family—partly the result, as he said, of having noticed me in the street, in the recitation room and in church; and I would like to suggest to those who honor me to-day, and others, that to be seen habitually in church makes a better impression upon strangers than to be seen entering or leaving a saloon, alone or in company with boon companions—and may I add here, for the benefit of any member of the class, who may mentally say, “I am among strangers, no matter what I do, or where I go, nobody knows me,” there is more than one “unseen eye” that watches the ingoing and outcoming of many a young man, who is, perhaps, all unconsciously securing or losing a friend for a time of need.

The time came to attend lectures at a medical college. I had not the requisite means; my friend, with encouraging frankness, said he would provide the means, and I went to the college in Geneva, with a letter from Dr. Carr.

Here I found assembled the usual variety of students. Some whose early advantages for social position, culture and education might excite the envy of many less favored. I recall one, who, perhaps, would have been selected as giving most promise of a brilliant future.

The session passed, as do most college sessions, without any remarkably conspicuous occurrence, that I recall.

I returned to Canandaigua and resumed my study and work, part of which was assisting Dr. Carr in dentistry, for at that early day it was not very unusual to combine the practice of medicine and dentistry.

I returned to the second college year, and with the usual greeting and renewal of friendly relations; one, formerly conspicuous, was absent. Inquiry elicited the fact of his reported death by *delirium tremens*.

One day in December, Prof. Frank H. Hamilton asked me what were my plans for the future after graduating. I replied I hardly had any, I must first earn my diploma. He said they

would probably appoint another demonstrator at the close of the year. I told him that if chosen to that position my arrangement would be with reference to that duty.

On the 25th day of January, 1842, I received my diploma, and that evening was appointed demonstrator of anatomy, and, with re-appointments, I discharged the duties there for seven years, resigning in 1849 with such "timely" token of class respect, that I have ever since been able to "watch" the arrival of my lecture hour.

In about four months less than eight years I had earned the money to pay for my education, and had the coveted diploma.

But I am making too long a story. The medical college in Buffalo was organized in 1846. On hearing of that I went to Buffalo to recommend as demonstrator, Dr. Moses Gunn, a graduate of the previous January at Geneva. I called upon Dr. Hamilton, who informed me the place was filled. I asked by whom; he said, "You will learn on your return home," and I served in that college for six sessions.

While in Geneva, in 1848, I received a letter from a stranger asking if I would allow my name to be used as a candidate for the professorship of anatomy in a medical college at Castleton, Vermont.

I was duly appointed, and gave my first lecture as professor of anatomy at Castleton, February 22, 1849. I had occasionally lectured for Prof. Webster at Geneva and at Buffalo.

Time passed, and in June, 1854, while at the operating chair in Dr. Carr's office, I received a telegram from Prof. Gunn announcing my appointment in the University of Michigan, realizing a hope expressed when we built air castles in Geneva, that we might at some time be professors of anatomy and surgery, in the same college.

On the second day of October, 1854, I gave my first lecture in the University, and for thirty-three consecutive years the first of October has found me at my post, and in all these years no failure of health has caused more than a brief interruption to my daily labor.

I never knew by whose recommendation I was appointed professor of anatomy in Pittsfield, Mass., in June, 1860, where I lectured eight years.

Through Pres. P. A. Chadbourne's influence I lectured in the medical school in Maine from 1864 to 1870, when I resigned and went to Europe.

I lectured in Long Island College Hospital from 1865 to 1886, and, by duplicating lectures here eleven years, I have given 102 courses of lectures on anatomy.

I beg your pardon for so much personal history, which I only consented to give as an encouragement to any who may be glad to know the road by which the one you have chosen to honor came to be where he is.

A while ago I made a list of professors, not now living, with whom I have been associated in different colleges, and on looking over the list I see many names of men whom the profession and the public have delighted to honor, and among them I grieve to say are those who yielded to the debasing influence of that frequent destroyer of human happiness and hope. One especially, whose brilliant talents and high promise were my admiration, always causes a deep sadness, and whose end but illustrates that of unnumbered thousands.

I heard him give a stirring temperance address. His friends rejoiced in the hope of rescue. I saw him often, and when I was feeling the depressing influence of my work (for we had not then the antiseptic appliances of the present day), I was advised to imitate the course of multitudes, who think to bolster up by drink against the influence of the dissecting room. I have ever been grateful that I had the courage to reply: "It is better to die a sober man than to live a drunkard." That was about forty years ago. That man died among strangers, and I fear occupies an unknown grave—buried by the charity of those who had known him when a man. Weeks after his death his neglected and deserted wife made inquiries of his former associates, to obtain traces of the father of her children. What became of them I never knew. Gentlemen, there is only one safe place to stand.

I should be cold-hearted, indeed, if I could participate in a scene like this, without emotion. As I recall the struggle of years, and the many honors I have received, this holds a conspicuous place, whereby partial friends seek to preserve on enduring canvas the features of one who has stood before them, faithfully endeavoring to unfold the mysteries of an organization once honored by the Redeemer of mankind.

From the depth of a grateful heart I thank those who have honored me, and rejoice to count as friends all for whom I have been privileged to labor, and wish that each may be as

faithful to duty as I have tried to be, and as much honored by friends as I have been by such permanent memorial of regard.

At the most but few years can remain for me to labor; but, while I am permitted to stand before you, and your successors, I shall endeavor to teach by precept and example what is worth knowing and doing by all.

CORRESPONDENCE.

NEW LICENTIATES.

SAN FRANCISCO, June 28, 1887.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER, 237 South Spring Street, Los Angeles:

Dear Sir: A postponed meeting of the Board of Examiners was held on May 9th, at 652 Mission street. On motion, the thanks of the Board was unanimously accorded to Dr. James Simpson for his faithful, unremitting and zealous labors as President during his long incumbency, and in acknowledgment of the fact of his uniform promptness in attending all meetings, especially those in which extra care or responsibility was requisite to effectually enforce the laws governing the practice of medicine in the State.

A vote of thanks was also unanimously tendered Dr. R. H. Plummer for his faithful and indefatigable labors as Secretary during the past eight years, and as an expression of the appreciation in which his labors to elevate the standing and to enforce the medical law throughout the State were held by the Board and by the profession generally.

The new Board organized by electing Charles E. Blake, M.D., President, and Wm. M. Lawlor, M. D., Secretary and Treasurer. The office of the Board will be at 326 Geary street, S. F.

The following physicians have complied with all the requirements were unanimously granted certificates to practice medicine and surgery in this State:

Wm. J. Ackerman, Escondido, Bellevue Hospital Medical College, N. Y., May 15, 1882.

Maud E. Beardsley, San Francisco, Woman's Hospital Medical College, Chicago, Ill., April 5, 1887.

Henry J. Borde, San Jose, Medical Department University of California, Cal., November 13, 1883.

Buchanan Caldwell, Biggs, Medical Department University of Tennessee, February 22, 1887.

Horace G. Cates, Santa Monica, Minnesota Hospital College, Minn., March 1, 1887.

Guy D. Compton, San Francisco, College of Physicians and Surgeons, Md., March 1, 1881.

Augustus H. Conson, San Diego, Bellevue Hospital Medical College, N. Y., June 2, 1886.

Isaac O. Day, Cayuck, Kansas City Medical College, Mo., March 15, 1887.

Chas. F. Grant, San Francisco, Long Island Medical College Hospital, N. Y., June 2, 1886.

Stephen S. Herrick, San Francisco, Medical Department University of Pennsylvania, Penn., March 15, 1878.

Matthew M. Kannon, Los Angeles, Bishops Medical College, Montreal, Canada, April —; College of Physicians and Surgeons, Quebec, Canada, May 12, 1879.

John J. McLennon, Azusa, Kentucky School of Medicine, Ky., March 1, 1870.

Hugh J. Linn, San Francisco, Medical Department University of Pennsylvania, March 15, 1878.

Ira D. Mills, Earlham, Los Angeles County, Indiana Medical College, Indiana, February 28, 1878.

Homer K. Nesbitt, San Francisco, West Res. Medical College, Ohio, January 31, 1883.

Richard Nunn, San Francisco, Trinity College, Dublin, Ireland, December 3, 1886.

Edgar Osborn, Santa Clara, Medical Department University of Pennsylvania, Penn., March 12, 1877.

William L. Spoor, Colton, Long Island College Hospital, N. Y., June 2, 1886.

Thomas R. Stone, San Diego, Medical Department University of Vermont, Vt., July 9, 1884.

Marcellus R. Toland, San Jacinto, Southern Medical College, Ga., March 1, 1883.

The regular meeting of the Board of Examiners was held June 1st, 1887, at No. 326 Geary street, at 8:30 o'clock P. M., pursuant to call of the President. The minutes of the meeting of May 6th, 1887, were read and approved.

Dr. R. H. Plummer was present, and reported that he had just returned from Red Bluff. He gave a statement of the facts in the case of the arrest of a Chinaman for practicing

without a license. The Court held that the penalty was attached to the non-procurement of the certificate (see sec. 7, New Laws), and not on failure to record. On motion, it was unanimously voted that the Secretary be instructed to notify Dr. Geo. W. Westlake and fellow-practitioners of Red Bluff, that the Board were in hearty accord with them in their efforts to uphold the dignity and enforce the medical laws of the State, and that it was left discretionary with the Secretary to go to Red Bluff at any time to render what assistance and support lay in his power.

The following physicians having complied with all the laws and requirements of the Board, it was unanimously voted that certificates be granted entitling them to practice medicine in the State:

George Adam, San Francisco, Jefferson Medical College, Pa., March 3, 1882.

William H. Cook, Bakersfield, Rush Medical College, Ill., February 15, 1876.

James G. Davis, Los Angeles, Jefferson Medical College, Penn., March 13, 1880.

George Duncan, Pasadena, Rush Medical College, Ill., February 17, 1885.

Hans Fritz Hoffman, San Francisco, Medical Commissioners, Berlin, Prussia, January 24, 1884.

John Petro Moore, San Diego, Medical Department University of Pennsylvania, Penn., March 13, 1867.

Arthur Jules Pinhoel, Santa Barbara, St. Louis College of Physicians and Surgeons, Mo., February 28, 1883.

Albert C. Rogers, Los Angeles, Medical Department University City of New York, N. Y., March 10, 1873.

Simon Rosenberger, Pasadena, Philadelphia College of Medicine, February 28, 1852.

Oliver Grenville Taafe, College Physicians and Surgeons, Quebec, Canada, May 13, 1885.

Jas. Isaac Wakefield, Los Angeles, Rush Medical College, Ill., February 6, 1868.

The application of Evan Evans, by unanimous vote, was rejected, and the Secretary was instructed to notify him that the Kansas City Hospital College of Medicine is not recognized by the State Board of Health of Illinois, and that this Board has hitherto refused to acknowledge the diplomas of said school.

WM. M. LAWLOR, M. D., Secretary.

SPECIALS.

THE use of *Condurango* as a Cancer Cure is being revived in Germany.

Dr. J. P. Widney, of the SOUTHERN CALIFORNIA PRACTITIONER, has been spending a few weeks in beautiful Santa Clara.

Dr. Peter Hood, after twenty years' experience, says a three months' course of carbonate of lime will arrest cancerous growths.

Dr. Chas. Carroll Lee, the well-known ovariologist, has recently been elected professor of gynecology in the New York Post-Graduate School.

Uri S. Clarke of Denver, Colorado, a graduate of the Homeopathic Hospital College, Cleveland, Ohio, has recently been sent to the penitentiary for committing an abortion.

Dr. A. F. Darling was obliged to return home, owing to a telegram received the day before he was to sail from New York for Europe, announcing the serious illness of his wife.

The *California Christian Advocate*, in the course of a flattering notice, says: The SOUTHERN CALIFORNIA PRACTITIONER is filled with good reading matter, even for non-professional people.

Dr. W. L. Wade, president of the Oregon State Medical Society, has succumbed to the seductive charms of Los Angeles and located here. The Doctor is a valuable member of our profession.

Dr. Samuel Sexton has an article in the *Medical Record* recounting the dangers of boxing the ears, in which he says that Alfred E. J. Tovey, editor of the *Brewers' Journal*, recovered \$400 damages from the author, Professor Hjalmarth Hjorth Boyesen, of Columbia College, for injuries inflicted by a slap on his seven years old boy's face.

Dr. H. H. Maynard, professor of surgery in the Medical College of the University of Southern California, was called, professionally, a short time since to San Diego, and through the courtesy of Dr. T. C. Stockton and wife, spent a delightful evening in social converse with some of the leading physicians of that progressive city. The physicians of Los Angeles are glad to be represented by such a man as Dr. Maynard.

The first Crematory on the Pacific Coast was completed in Los Angeles last month, and the body of a lady — the wife of Dr. Bird, a homeopathic physician — was successfully cremated. Dr. Wm. LeMoyne Wills, professor of anatomy in the Medical College of the University of Southern California, is the secretary of this cremation society. Dr. Wills is so extensively interested in real estate and has such a high opinion of its value that he thinks it wise to prevent any more being uselessly occupied by grave-yards. The modern Hamlet will have, instead of a grave-digger, a soot-begrimed fireman throwing coke into a furnace.

Dr. Dabbs, in *British Medical Journal*, says: A plug of cotton-wool saturated with a six per cent solution of hydrochlorate of cocaine, put into the thin parchment like os during a slow first stage of labor, will ease the pain and relax the os. In case of a rigid perineum, especially in a primiperae, the application of a twelve per cent solution of cocaine will yield most gratifying results.

At the June meeting of the Madison (Wisconsin) Literary Club, held at the residence of Gen. Lucius Fairchild, the president, Dr. Joseph Hobbins, was presented with a life-size oil portrait of himself. He in turn presented the portrait to the society. Dr. Hobbins is pleasantly remembered in this section as a recent visitor to Southern California.

The Intermediate Session of the Medical College of the University of Southern California closed June 30, after a very successful session. The examinations were highly creditable.

Dr. A. B. Stuart, a surgeon and writer with a national reputation, has been quite ill at his residence in Santa Rosa, California. We are glad to note his convalescence.

Dr. H. P. Hugus, Long Island College Hospital, 1865, has recently located in Los Angeles. The profession will find the Doctor well worthy fraternal recognition.

The first volume of the American System of Gynecology and Obstetrics will be issued this month by Lea Brothers & Co., Philadelphia.

Boracic acid — solution, twelve grains to one ounce — applied frequently, will abort an incipient sye.

We take pleasure in calling attention to the card of Dr. W. D. Babcock, the oculist and aurist.

The examination of the acetabulum through the rectum is advocated.

Drs. A. C. Rogers and J. H. Utley have removed their offices to the new Kurtz Block, 39 South Main street.

Dr. Arnold, of Baltimore, in *Medical and Surgical Reporter*, says: The best treatment of neurasthenic headache is twenty drops of ether combined with ten drops of tincture cannabis indica.

Dr. Woodward, in the *Maryland Medical Journal*, says the Indians attempt to remove the retained placenta by tying a stone to the umbilical cord and trotting the patient around in the tent, with stone dragging on the ground.

In the SOUTHERN CALIFORNIA PRACTITIONER for March, 1886—page 64—we reported our very happy experience with Reed & Carnrick's Soluble Food, and we now take pleasure in calling attention to their advertisement in this issue. We recently had reason to feel grateful to Reed & Carnrick for the peptonoids. It was a case of typhoid fever. No nourishment could be taken without producing vomiting, until we tried peptonoids. From that time on the patient had no vomiting.

In all rapidly growing cities, like Los Angeles, San Diego, San Bernardino, Riverside, Pasadena and Santa Barbara, as well as in the almost innumerable prosperous smaller towns and villages in Southern California, there is a great temptation for physicians to lose their professional enthusiasm through an intense interest in the rapidly enhancing real estate. While, for obvious reasons, the editors of the SOUTHERN CALIFORNIA PRACTITIONER could not consistently dissuade their professional brethren from making judicious investments of their hard-earned savings, yet they beg to submit the following rules: *First*—Do not let business, other than professional, keep you from your office during office hours. *Second*—Be sure and read carefully and regularly at least one weekly and two monthly medical journals. *Third*—See that you are not so dazzled, by the prospects of quickly making thousands of dollars, that you forget to make a promised call on some poor suffering patient. *Fourth*—Whenever you transgress either of the above laws, decide whether you will be a physician or real estate dealer, and then devote your time solely to one.

Robinson's Lime Juice and Pepsine is an excellent remedy in the gastric derangements prevalent in summer.

Dr. Wm. C. Wile, editor of the *Medical Register*, the able organ of the Medico-Chirurgical College of Philadelphia, recommends *pinus canadensis* (colorless) as the best remedy for burns. This preparation is prepared by the Rio Chemical Company of St. Louis.

BOOK REVIEWS.

ANAEMIA. By FREDERICK P. HENRY, M. D., Prof. of Clinical Medicine in the Philadelphia Polyclinic; one of the Physicians to the Episcopal Hospital; one of the Physicians to the Philadelphia Hospital; Consulting Physician to the Home for Consumptives; Corresponding Member of the Royal Academy of Rome, etc. Reprinted from The Polyclinic. P. Blakiston, Son & Co., Philadelphia. Board, 135 pages. Price, 75c. For sale by Stoll & Thayer, No. 3 South Spring street, Los Angeles, Cal.

Dr. Henry has given us a careful, comprehensive, but concise treatise on Anaemia and its kindred disorders, chlorosis, lymphadenoma, leucocythaemia, etc. The subject is exhaustively treated, and but little room is left for further discussion.

The microscope is given as the only true test of incipient anaemia, in conjunction with the determination of the amount of haemoglobin: that *vital* oxygen-carrying principle of the blood, and the only proteid in the human body containing iron. We are told to avoid the common error of supposing that the quality of the blood can be told by the quantity of the corpuscles, as their value in haemoglobin may be very small. The normal standard does not fall below five million corpuscles per cubic millimeter, whose value in haemoglobin is at least 90 per cent. Anaemia is not clinically appreciable, until the haemoglobin represents only from three to four million corpuscles per cubic millimeter.

Many of the so-called cases of neurasthenia in the female, the author thinks, are but simple cases of anaemia, which would readily yield to treatment. In this category is also placed many weakly females, without any marked disease, that go helplessly through the world with what is popularly termed "delicate constitutions."

As treatment, the author mentions the "rest cure" as proving beneficial in some cases, in addition to the administration of iron, quinia, strychnia and arsenic. Large doses of iron are

especially insisted upon, if the stomach permits, as much as twenty-six grains of Bland's pill (*ferri carbonas*) may be given daily.

To produce such a monograph as this before us, years of painstaking and disinterested labor must have been required.

THE DIAGNOSIS AND TREATMENT OF HEMORRHOIDS, with General Rules as to the Examination of Rectal Diseases. By CHAS. B. KELSEY, M. D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum; Consulting Surgeon for Diseases of the Rectum to the Harlem Hospital and Dispensary for Women and Children, New York. 1887. Geo. S. Davis, Detroit, Mich. Pages, 78. Price, 25c. Being No. 1 of the Physicians' Leisure Library for 1887. For sale by Stoll & Thayer, No. 3 South Spring street, Los Angeles, Cal.

Dr. Kelsey has never written a dull line, and we believe that no one interested in these diseases will lay aside this book unfinished. Knowing the author's large experience with the carbolic treatment, we referred to this chapter with great eagerness, and are glad to note that he has receded from his former unreserved praise, and now narrates with complete frankness some untoward results. He no longer advises strong solutions, and ends the chapter with this warning :

"The injections of hemorrhoids with carbolic acid, though apparently a simple and trivial affair, is to be regarded in the light of a surgical operation, and shall not be undertaken by the practitioner until he has surrounded himself and the patients with all the safeguards at his command."

In the concluding chapter a decided preference is expressed for the cautery treatment as "safe, certain and free from complications." A very careful description of the operation is given.

No mention is made of *crushing*, to which Allingham, so long an unswerving advocate of the ligature, has now given his adherence.

A COMPEND OF SURGERY FOR STUDENTS AND PHYSICIANS. By ORVILLE HORWITZ, B. S., M.D., Demonstrator of Anatomy in Jefferson Medical College Hospital, and late Resident Surgeon of the Pennsylvania Hospital, Phila. Third edition. Ninety-one illustrations. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut street. 1887. Pages 210. Price \$1; interleaved, \$1.25. Being No. 9 of Quiz-Compend. For sale by Stoll & Thayer, No. 3 South Spring street, Los Angeles, Cal.

Dr. Horwitz has prepared a remarkably concise and complete summary of surgery. The student, in the anxious time immediately preceding examination, will feel grateful to him. A

reference to the pages on Antisepsis and Pasteurism will show how conscientiously the laborious task has been done. We would suggest that in the *fourth* edition, which we are sure will soon be demanded, a distinct warning of the dangers of chloroform narcosis be inserted.

It is the fashion—and a good fashion—to distrust compends, but we ourselves confess to an occasional reference to “Neill & Smith” in by-gone days. Now, alas, the book and its authors are both dead. But the impulsive eloquence of Neill and the profound wisdom of Francis Gurney Smith, will they not linger in the memory of those who have listened to them?

REPRINTS RECEIVED.

‘ IS TUBERCULAR CONSUMPTION INHERITED? By H. D. DIDAMA, M. D. Syracuse, N. Y.

PAPERS ON HYPERTROPHY OF THE PROSTRATE MUSCLE. Reprinted from *The Lancet*. 1886. By REGINALD HARRISON, F. R. C. S.

THE RELATIVE INFLUENCES OF MATERNAL AND WET-NURSING ON MOTHER AND CHILD. By JOSEPH EDCIL WINTERS, M. D. New York.

TREATMENT OF FISSURES AND ULCERS OF THE RECTUM AND ANUS. With the Aid of an Improved Rectal Speculum. By W. S. WATSON, M. D., of Matteawan, N. Y.

THE INFLUENCE OF MATERNAL IMPRESSIONS ON THE FETUS. By FORDYCE BARKER, M. D., LL. D., Columb. et Edinb. New York. Reprint from Volume XI *Gynecological Transactions*. 1886.

ORATION DELIVERED BEFORE THE ALUMNI ASSOCIATION of the Medico-Chirurgical College of Philadelphia, on the evening of Thursday, April 7, 1887. By DUDLEY S. REYNOLDS, A. M., M. D. Louisville, Ky. Reprinted from the *Medical Register*, of Philadelphia. 1887.

SUPRA PUBIC LITHOTOMY. By W. S. TREMAINE, M. D., Fellow of the American Surgical Association; Professor of Surgery, Niagara University; Surgeon-in-Chief of the Buffalo Hospital of Sisters of Charity, and of the Emergency Hospital. Buffalo, N. Y.: Ulbirsch and Kingsley, Stationers.

CATARACT EXTRACTION WITHOUT IRIDECTOMY. Paper read before the San Francisco Medical Benevolent Society, November 22, 1886. By GEO. H. POWERS, A. M., M. D. (Harvard), Professor of Ophthalmology and Otology in the University of California. San Francisco, Cal.: Wm. S. Dnncombe & Co. 1886.

ON CERTAIN MOOTED POINTS IN GYNECOLOGY. Read in the Section of Obstetric Medicine at the annual meeting of the British Medical Association in Brighton. By THOMAS ADDIS EMMET, M. D., Surgeon to the Woman's Hospital of the State of New York. Reprinted for the Author from the *British Medical Journal*, November 13, 1886. London: The British Medical Association, 161 A, Strand, W. C. 1886.

- PRACTICAL EXAMPLES IN PRESCRIPTION WRITING. By CHARLES H. MAY, M. D. Issued for the use of his Quiz Classes.
- THE RELATION OF RED CORPUSCLE TO THE BRAIN. By B. MERRILL RICKETTS, M. D. 93 East Fourth Street, Cincinnati, O.
- TRANSPLANTATION OF A RABBIT'S EYE INTO THE HUMAN ORBIT. By CHARLES H. MAY, M. D. Reprinted from the Archives of Ophthalmology. Vol. XVI, No. 1. 1887.
- ANNUAL ADDRESS DELIVERED BEFORE THE AMERICAN ACADEMY OF MEDICINE, at Pittsburgh, Pennsylvania, October 12, 1886. By R. S. SUTTON, A. M., M. D., President of the Academy.
- REPORT OF THE OHIO METEOROLOGICAL BUREAU, for the month of February, 1887. Board of Directors: Benj. F. Thomas, president; L. N. Bonham, George H. Twiss; E. H. Mark, secretary. Columbus.
- SUPPLEMENTAL BEPORT OF SUPERINTENDENT OF STATE . PRINTING to Governor Washington Bartlett. January 12, 1887. Sacramento, State Office. James J. Ayers, Superintendent State Printing. 1887.
- PERSISTENT PAIN AFTER ABDOMINAL SECTION. By JAMES B. HUNTER, M. D., Surgeon to the Woman's Hospital, New York; Professor of Gynecology in the New York Polyclinic, etc. Reprint from Volume XI Gynecological Transactions. 1886.
- THE DOCTORATE ADDRESS Delivered at the Semi-Centennial Anniversary of the University of Louisville Medical Department, March 2, 1887. By DAVID W. YANDELL, M. D., Professor of Surgery and Clinical Surgery in the University of Louisville. Printed by John P. Morton & Co. 1887.
- A REVIEW OF TWENTY-TWO COTTAGE CASES, occurring in the Woman's Hospital, in the service of Dr. T. Gaillard Thomas. By A. H. BUCKMASTER, M. D., Gynecologist to the Hospital for Mental and Nervous Diseases; Secretary of the Brooklyn Pathological Society. Reprinted from the American Journal of the Medical Sciences, April, 1887.
- BAKED BEANS: A Serio-Humorous Medical Paper. By EPHRAIM CUTTER, A. M., M. D., Harv. et Univ. Penn., Associate Member Philosophical Society of Great Britain; Corresponding Member Society Belge de Microscopie; Honorary Member N. H. S. Med. Society, California S. Med. Society, and Gynecological Society of Boston; Member Com. for Revising U. S. P. 1860, Am. Med. Association; Mass. Med. Society, Com. One Hundred, Mass. Sold. Fund, 1861; Author of Boylston Prize Essay, 1857. Reprinted from Albany Medical Annals.
- FEEDING PATIENTS AGAINST THE APPETITE. By EPHRAIM CUTTER, M. D., M. M. S., Committee of Revision U. S. P. 1860, A. M. A. Philosophical Society of Great Britain; author Boylston Prize, 1857, Versions and Flexions of the Unimpregnated Uterus, Hot Water and Beef Plans in Disease, Clinical Microscope Primer, Cereal Foods, Thyrotomy Modified, Fifty-First Case of Electrol-ysis of Uterine Fibroids, Food in Fibroids, Is Flour our Proper Food, Baked Beans—a serio-humorous medical paper—etc., etc. Reprint from the Medical Register.

THE St. Louis *Medical and Surgical Journal*, in commenting on the action of the California State Society in withdrawing its patronage from the *Pacific Medical and Surgical Journal*, says: "The editors and proprietors will find that they have been relieved of a great incubus which had not one single real advantage to offer in return." Our neighbor at the Golden Gate will soon realize that the "Sacramento clique" were simply angelic seraphim in disguise.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S.
SIGNAL SERVICE, LOS ANGELES STATION, FOR
APRIL, 1887.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.
Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.
Los Angeles, California. *Month of April, 1887.*

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & Hundreths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	61.8	79.3	45.7	*.—	Mean Barometer, 29.973
..... 2	...	61.4	77.0	47.2	*.—	Highest Barometer 30.146 date 13.
..... 3	61.0	71.5	53.2	*.03	Lowest Barometer, 29.790, date 10.
..... 4	59.9	68.0	55.2	*.—	Monthly Range of Barometer, 6.356
..... 5	60.8	72.0	55.0	.00	Mean Temperature, 59.1.
..... 6	59.3	69.0	50.3	*.01	Highest Temp'ture, 87.0, date 24.
..... 7	58.2	65.8	55.2	.01	Lowest Temperature, 40.3, date 11.
..... 8	57.2	69.5	45.2	*.—	Monthly Range of Temperature, 46.7
..... 9	54.3	65.2	49.0	1.05	Greatest Daily Range of Temper- ature, 35.9.
.....10	53.5	64.0	46.0	.00	Least Daily Range of Tempera- ture, 5.1.
.....11	50.5	62.5	40.3	*.—	Mean Daily Range of Tempera- ture, 21.1.
.....12	54.2	67.0	42.3	*.—	Mean Temperature this Month
.....13	53.5	62.2	44.3	.—	1879..58.7 1882..56.4 1885..61.9
.....14	52.5	55.2	50.1	.47	1880..55.9 1883..57.3 1886..57.2
.....15	51.2	60.0	43.5	.75	1881..61.4 1884..57.2 1887..59.1
.....16	54.7	67.0	46.2	.00	Mean Daily Dew Point, 51.5.
.....17	56.7	63.0	52.1	.00	Mean Daily Relative Humidity, 78.9
.....18	57.0	67.0	49.0	.—	Prevailing Direction of Wind, W.
.....19	57.5	71.0	47.2	.01	Total Movement of Wind, 4087 miles.
.....20	58.1	71.0	47.0	*.—	Highest Velocity of Wind and Direction, 37. W.
.....21	63.7	75.0	50.1	*.—	Total Precipitation, 2.36
.....22	65.7	81.3	49.5	.00	Number Days .01 inches or more Rain fell, 5.
.....23	66.4	83.7	50.9	.00	Total Precipitation (in inches and hundredths) this Month
.....24	70.5	87.0	51.1	.00	1879..1.19 1882..1.83 1885..2.01
.....25	67.4	86.3	55.2	.00	1880..5.06 1883.. .15 1886..3.32
.....26	64.0	82.8	50.6	.00	1881.. .46 1884..3.58 1887..2.36
.....27	61.5	74.5	54.0	*.01	Number of Foggy Days, none.
.....28	60.9	69.8	56.3	.00	" " Clear " 11
.....29	58.8	67.0	55.2	.00	" " Fair " 10
.....30	60.0	68.8	52.1	.02	" " Cloudy " 9
.....31	Dates of Auroras, none.
						Dates of Solar Halos, 2, 6, 27.
						Date of Lunar Halos, none.
						Dates of Frost—Light, none.
						Killing, none
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

The — indicates precipitation inappreciable.

Month of May, 1887.

DATE	MEAN BAROM- ETER.	TEMPERATURE			Precipitation in inches & hundredths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	68.2	77.0	48.7	.00	Mean Barometer 29.953.
..... 2	68.5	85.0	48.7	.00	Highest Barometer, 30.145, date 2
..... 3	71.0	92.0	53.3	.00	Lowest Barometer, 29.841, date 27
..... 4	68.5	87.5	53.1	*.00	Monthly Range of Barometer, .304
..... 5	68.2	78.5	48.0	*.00	Mean Temperature 63.0.
..... 6	69.7	69.0	55.7	*.00	Highest Temperature 92.0, date 3.
..... 7	69.7	74.0	47.2	*.00	Lowest Temperature, 44.0, date 12
..... 8	61.3	77.3	47.4	*.00	Monthly Range of Temperature 47.5.
..... 9	69.6	76.5	47.2	*.00	Greatest Daily Range of Temper- ature, 38.7, date —
..... 10	61.0	74.0	52.1	.00	Least Daily Range of Tempera- ture, 13.3, date —
..... 11	59.3	74.8	48.2	*.00	Mean Daily Range of Tempera- ture, 26.4.
..... 12	61.0	76.0	44.5	*.00	Mean Temperature this Month
..... 13	69.0	86.8	48.7	.00	1879.. .61.1 1882.. .61.7 1885.. .63.5
..... 14	71.4	90.8	56.4	.00	1880.. .61.1 1883.. .62.1 1886.. .62.4
..... 15	62.7	82.3	50.0	.00	1881.. .62.7 1884.. .61.6 1887.. .63.0
..... 16	63.1	78.3	49.2	.00	Mean Daily Dew Point, 53.3
..... 17	60.1	75.0	50.0	*.00	Mean Daily Relative Humidity, 72.9.
..... 18	60.8	74.7	51.0	*.00	Prevailing Direction of Wind W.
..... 19	61.0	72.0	53.1	.00	Total Movement of Wind, 4694 miles.
..... 20	59.7	70.0	53.1	.00	Highest Velocity of Wind and Direction, 30, NW
..... 21	59.4	72.2	48.2	.00	Total Precipitation .20.
..... 22	62.8	74.0	54.2	*.00	Number Days 0.1 inches or more Rain Fell, 3
..... 23	53.7	70.0	52.3	*.00	Total Precipitation (in inches and hundredths) this month
..... 24	71.0	53.1	*.00	1879.. .24 1882.. .03 1885.. .06
..... 25	60.3	73.2	49.0	.00	1880.. .04 1883.. .2.02 1886.. .01
..... 26	61.0	72.8	53.3	.00	1881.. .01 1884.. .39 1887.. .20
..... 27	65.1	78.0	56.3	.00	Number of Foggy Days, none.
..... 28	67.1	81.8	52.4	*.00	" " Clear " 14
..... 29	66.9	81.1	57.4	.03	" " Fair " 12
..... 30	65.8	81.2	54.3	.14	" " Cloudy " 5
..... 31	64.7	79.8	54.8	.03	Dates of Auroras, none.
						Dates of Solar Halos, 11.
						Dates of Frost, Light, none.
						" Killing, none.
						Dates of Thunderstorms, 29.

*Precipitation from Fog or Dew.

GEORGE E. FRANKLIN,

Sergeant Signal Corps, U. S. Army.

NOTES: Barometer reduced to sea level and standard gravity. The dash (—) indicates precipitation inappreciable.

AVELOZ, A CURE FOR CANCER.—At the May meeting of the Practitioners' Society of New York, reported in the *Medical Record*, Dr. J. B. Hunter reports quite favorable results from three years' use of this remedy in epithelioma of the cervix. The drug is a milky substance, the product of a plant growing in Brazil, and its curative effects are secured by using it locally as an escharotic.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. II. LOS ANGELES, CAL., AUGUST, 1887.

No. 8.

ORIGINAL.

BEAUMONT, CALIFORNIA, AS A HEALTH RESORT.

BY J. W. ROOT, M. D., BEAUMONT, CAL.

NEARLY every town in Southern California possesses some climatic differences from its neighbor, either to its advantage or disadvantage. My intention in this brief paper is to give the reader, and seeker after health, some idea of the climate of Beaumont and vicinity, formerly San Gorgonio. Beaumont is situated in the San Gorgonio valley, on the S. P. R. R., eighty miles east from Los Angeles, twenty miles from San Bernardino and Colton, and about thirty miles from Riverside.

This beautiful and fertile valley, twelve miles in length and six miles in width, lying between the San Bernardino mountains on the north, and the San Jacinto mountains on the south, is in a situation peculiarly adapted by nature to healthfulness of climate. We are entirely free from all miasmatic diseases. The altitude of this valley is moderate, ranging from 2,500 to 3,000 feet; northward the San Bernardino mountains looms up to a height of 11,800 feet, in the southeast San Jacinto rises 9,000 feet, and looking westward the snow-capped peak of "Old Baldy" is distinctly seen. Truly, our mountain scenery cannot be surpassed in beauty—one visitor remarked to me, that she had never appreciated the beauty of California's mountains previous to coming here.

Invalids who wish to try a higher altitude than this of the town, can, within a distance of eight miles, find any altitude they desire up to 6,000 or 7,000 feet; and on the ranches which dot the mountain's side can find very comfortable accommodations.

Pure water is always a desideratum; and here we have it as pure as ever flowed from mountain springs, piped from the mountain cañons to the town. Perhaps the one feature which

strikes the invalid, and indeed all visitors to Beaumont, more forcibly and favorably than any other, is the almost total absence of fog. We seem to be beyond and above the fog-level. Occasionally, however, when a strong west wind prevails, the fog is forced up the pass from the valleys below, but the first rays of the morning sun dispels it.

From the foregoing remarks the reader can readily infer that the air is remarkably dry, pure and invigorating; the air at night is almost as free from moisture as during the day, and through the summer months the invalid as well as the strong can oftentimes enjoy the evenings out of doors with comparative impunity.

According to a record kept during 1886 (by Mrs. Grimes, proprietress of the Highland Home Hotel), the lowest point reached by the mercury was 36 deg., and the highest 102 deg.

Our prevailing winds during the summer are from the west; and although this ocean breeze passes over one hundred miles of warm, dry country before reaching us, it is yet cool and refreshing, tempering what would otherwise be extreme heat, and rendering our summers pleasant and attractive and not at all enervating.

Sometimes, however, instead of this ocean breeze, we get one from the desert and then the heat is oppressive.

But this, like every other place, occasionally gives the bitter with the sweet. One of our unpleasant features, I might say almost the only one, is the strong east winds, or rather north winds, which sweep around the San Bernardino mountains and up the pass from the east. These winds amount sometimes to almost a gale, and continue for two or three days; they are very drying in their nature, absorbing every vestige of moisture in their path; however, they are of only occasional occurrence during the autumn and spring months.

With the exception of those cases in which altitude is contra-indicated, invalids of all classes do well here, particularly those afflicted with pulmonary diseases, such as phthisis, bronchitis, catarrhs characterized by abundant secretion, and asthma.

The *Doctor* is a gossippy medical newspaper, published twice a month at 20 Astor Place, New York.

SOME CASES OF ABDOMINAL SURGERY.

BY FRANCIS L. HAYNES, M. D., LOS ANGELES.

Tait's Operation for Ovarian Pain and Dysmenorrhœa.—Mrs. Mary S., of Philadelphia, aged 19, nullipara, consulted me in April. She was emaciated, and presented the appearance of a confirmed invalid. Her temperature was usually 99.5°, and her pulse 120, and very weak. She informed me that menstruation began at 13 years, that it had always been irregular and very painful. She married at 17, as her health no longer permitted her to maintain herself at her occupation (yarn-sorter). From this time, constant left and intermitting right ovarian pain was noticed, with a purulent vaginal discharge. For the last nine months she has not had a single undisturbed night's sleep from the severity of these pains. The exercise of the marital rights was attended with intolerable pain.

The retro-uterine pouch was filled with a cyst about the size of a goose egg, and exceedingly tender on pressure. (On the next examination the cyst could not be detected, having probably ruptured in the interval; but the same degree of tenderness remained.)

What was to be done for this sufferer? She had received skillful treatment from four physicians at various times—the cervix had been dilated, the vagina had been packed; ergot, iron; and the bromides had been taken *ad nauseam*. In just such cases remarkable results have been obtained by the “rest treatment,” but the poverty of the patient made a resort to this impossible.

Removal of the ovaries and tubes was advised, and the operation, its dangers and consequences, frankly explained to the patient, who eagerly consented to its performance. In this advice, after a critical examination, my friend, Prof. E. E. Montgomery, heartily coincided.

Tait's operation was made on April 26th, 1887, with the assistance of Drs. Mord. Price, J. R. Haynes, and McCreight. The incision was two inches long, and the wound was dressed with glycerole of carbolic (12 per cent). Union by adhesion occurred. On the eighth day the patient was out of bed, and has since been perfectly free from pain, and is gaining strength and flesh rapidly. She writes asking for “something to bring on her sickness.”

The right ovary was small and cirrhotic, the left somewhat enlarged and cystic; the tubes presented no macroscopic morbid appearance.

Tait's Operation for Ovarian Pain and Dysmenorrhœa. in a Consumptive.—Mrs. W., aged 36, of Kensington, Philadelphia, a nullipara, was married at 19 years, and since then has had constant severe ovarian pain, with profuse yellow vaginal discharge. Shortly after marriage, a pessary was inserted; so much "inflammation" resulted that it was removed. A cough now set in, and has since been very harassing. In 1876 she entered a hospital, and a uterine polypus was removed; peritonitis set in and nearly killed her, keeping her in bed thirteen weeks. Having partially recovered, profuse flooding came on, and, finally, a return of peritonitis for two months. She came under my charge in 1884. Her appearance was that of one far gone in consumption. One lung apex was consolidated and the other contained a small cavity. Pelvic pain was constant. Menstruation was exceedingly painful, confining her to bed six days in every month. Dyspareunia was marked. A peculiar symptom was the frequent recurrence of indolent and very painful abscesses in various parts of the body.

Examination of the pelvic organs showed exceedingly tender and slightly prolapsed ovaries; chronic coporeal endometritis existed. The ovaries were so sensitive that the most gentle examination provoked a severe exacerbation of pain, lasting several days.

It would be wearisome to detail the varied and ineffectual efforts made for her relief. Having, in the course of her bitter experience, acquired a smattering of medical knowledge, she insisted from the first on the removal of the ovaries. For three years her importunate demands were refused. While spaying was indicated by the condition of the pelvic organs, it was explained that in one affected with phthisis, and so prone to suppurative action, such a procedure would probably prove fatal. The patient believed that during her remaining years or months of life she had a right to any relief from pelvic pain that surgery could afford; and that, in any event, death was preferable to a state of hopeless suffering.

She was sent to Dr. Joseph Price, so well known by his labors in gynecology, with the hope that he would discourage the operation. But, on the contrary, he sided with the patient.

Her condition at the time of operation was as noted above, the lung disease having apparently made no marked progress.

The uterine appendages were removed April 12, 1887, Drs. J. Price and J. R. Haynes assisting. The tense condition of the abdominal muscles rendered the operation a difficult one; the fingers inserted into the incision to raise the ovaries were grasped with such force as almost to paralyze them. The ovaries were enlarged and cystic; the tubes dilated by serum, and their ampullæ firmly adherent to the ovaries. The right ovary was somewhat adherent to the pelvic walls. The wound was dressed with dry iodoform cotton, which I now believe to be inferior to Keith's glycerole of carbolic. Convalescence was slow and marked by severe pain; by vomiting, which was treated by enforcing complete abstinence from food and drink; by intestinal obstruction, which was successfully treated by calomel in moderate doses, followed by magnes sulph. Though the wound healed by first intention, yet all the stitch holes suppurated a week after the operation, and a large abscess formed, which was skillfully treated by incision and drainage by Dr. M. Price, in whose hands I left the case after my departure from Philadelphia.

At this date the patient is going about, and is entirely free from pelvic pain. She is more than satisfied as to the results of the operation; but the cough is as troublesome as ever, and she gains no flesh.

Cholecystotomy.—Mrs. H., aged 54, had for twenty years been a sufferer from short attacks of biliary colic, at intervals of from one week to two months. October 1st, 1886, she was seized with intense epigastric pain, vomiting and diarrhea; the skin became jaundiced. After these symptoms had continued for two weeks, and the patient was reduced to an almost dying condition, a large, hard tumor formed in and below the site of the gall-bladder. This continued to enlarge for three weeks more, when it suddenly diminished materially in size, and large quantities of bile-stained fluid passed from the rectum. The dilated gall-bladder had become adherent to the intestine, and had emptied itself into it by ulceration. The fæces soon resumed their former clay color, and the tumor again enlarged.

When I took charge of the patient, November 15, she was extremely emaciated. Jaundice had disappeared. Almost

everything swallowed was immediately vomited. Diarrhea was uncontrollable, intense pain almost constant. A fluctuating tumor, covered by inflamed integuments, reached from the liver to below the level of the anterior inferior iliac spine, measuring $6\frac{1}{2}$ inches in length by $5\frac{1}{2}$ in breadth. The urine was albuminous.

On the next day the tumor was cautiously laid open, layer by layer, the knife passing through two abscesses in different muscular planes, and finally, at depth of two and a half inches, reaching the gall-bladder, which was found to be firmly adherent. A quantity of greenish-yellow fluid was now removed by the aspirator, and the gall-bladder freely opened on the needle.

For two weeks bile-stained liquid drained away copiously; then immense quantities of faecal matter passed through the wound. Finally, by February 28, 1887, the tumor had entirely disappeared and the orifice healed.

The patient was now entirely free from pain. Strength and appetite slowly returned, and she was able to go around the house. Then an attack of biliary colic set in. The gall-bladder filled up and broke through the original incision, the patient henceforth obstinately refusing all treatment. The discharge continued for a month, a friable mass of cholesterine passing occasionally. The tumor again disappeared, and the orifice healed.

After two weeks of calm, a recurrence of colic took place. The tumor assumed an enormous size, and the abdominal walls became gangrenous. On the day of her death, May 2, 1887, the sufferer sent for me to make another incision, but when I reached her bedside she was moribund, and interference was considered useless. Autopsy refused.

159 South Spring street.

E. L. TOWNSEND, D. D. S., of 237 South Spring street, Los Angeles, has been honored by an invitation to give an operative clinic before the Dental Section of the International Medical Congress.

ANOMALOUS DEVELOPMENT OF SUPPURATION.

BY J. MCF. GASTON, M. D.,

Professor of Surgery, Southern Medical College, Atlanta, Ga.

BEING called in consultation, some eight months ago, to see a lady suffering with an acute inflammation, extending from the ramus of the left maxillary to the sterno-cleido mastoid muscle, I learned that her trouble had commenced upon suddenly turning her head to look at something, and that the pain on the occasion was felt just below the mastoid process. Upon undertaking to diagnosticate the case, every etiological factor likely to induce such inflammation was considered, and it seemed to be the most probable explanation that a rupture of the attachment of the muscle to the mastoid bone had resulted from the tension of suddenly turning the head, and though my colleague was not entirely satisfied with this solution of the local inflammation and suffering, we proceeded to put it upon the traumatic hypothesis. Belladonna ointment with flaxseed poultices externally and anodynes internally were resorted to with little benefit, and on the following day the inflammation had extended down the neck and across to the zygomatic arch. Leeches were then applied, with the continued application of the flaxseed poultices. The pain and nervous disturbance were only relieved by frequent inhalations of chloric ether, and there was considerable febrile excitement, demanding constitutional anti-febrile measures.

Observing that the swelling had augmented on the third day, I advised an application of collodion, in which iodine and camphor were dissolved, to be passed over the whole surface, hoping that the compression, with the medication, might arrest the œdematous condition; and this was applied a few times, but without any salutary effect. We then concluded to use a combination of mercurial and belladonna ointment, with poultices of flaxseed and hops, under which application there was a pointing below the mastoid process, and on lancing it a discharge of pus ensued. A tube was kept in the opening and the poultices continued, but it was soon observed that the inflammation was pointing in advance of the ramus of the jaw; and so soon as fluctuation was perceived, a free incision was made into it with a free discharge of pus. This was also kept

drained by a tube that penetrated to some depth, and the poultices were renewed frequently during forty-eight hours.

After this time the parts were enveloped with absorbent cotton, secured by a bandage, and a supporting treatment was adopted; with the ultimate subsidence of the inflammation and the cessation of the suppuration, after continuing nearly two months. The case was unique in its origin, progress and result.

ON THE TREATMENT OF INDOLENT ULCERS.

BY ROBERT W. HAYNES, M. D., LOS ANGELES.

Of all ulcers this class is by far the most obstinate, and commonly met with in general practice.

Most indolent ulcers, through inflammatory processes, are surrounded by a dense, indurated wall of connective tissue that compresses the nutrient vessels, and prevents a free access of blood to, and its return from, the chasm to be repaired.

The first and most important step in the treatment is to get rid of this barrier. In mild cases, application of lunar caustic to the edges and walls of the ulcer will give the desired result; but others more obstinate require the removal of the induration, either by paring the borders of the ulcer away with the knife, by application of the actual cautery, or by making several incisions through the bottom of the ulcer to the deep fascia.

At this stage the removal of the induration is promoted, and the tissues placed in the condition for healing, by the application of poultices for one or two days, after which a more permanent dressing should be applied.

After carefully washing the affected limb with warm water and castile soap, and drying thoroughly, grease the whole surface of both sore and surrounding skin, especially if any tendency to eczema exist, with cold cream. Then dust the surface of the ulcer profusely with bismuthous subiodide, giving a light coating to the surrounding skin.

Prepare a piece of cheese-cloth (gauze), folded double, two inches larger than the ulcer, by spreading it with cold cream and dusting bismuthous subiodide over all to the thickness of one-eighth inch, and lay it over the ulcer.

Commencing at the instep, apply the roller-bandage smoothly and evenly, with an equal distribution of pressure, as tight as the patient can bear with comfort, and continue to the knee.

If straps are used, they should be applied *over* the pad, with the roller over all. But strapping will almost always cause a troublesome eczema of the surrounding surface, while pressure from the roller, when evenly applied, is just as efficient, much less troublesome, and not nearly so apt to provoke eczema.

The frequency of the dressing should be governed by the amount of discharge from the ulcer: the longer the sore remains untouched, consistently with cleanliness, the better. At first, on every other day, the dressing should be changed, and the wound washed by letting luke-warm water, impregnated with castile soap, trickle over it. Avoid by all means too much soaking, and direct contact of the rag or finger while washing, as the freshly formed skin is very delicate and is easily removed.

Later in the treatment the dressing may remain undisturbed as long as a week or ten days, without becoming foul.

The following case serves to illustrate the plan of treatment :

John Stansfield, aged 80, a weaver, received a blow when a young man of 25, in the anterior tibial region, which, being neglected, resulted in two chronic ulcers. When he came under the writer's care the main ulcer was two inches long by one inch wide, with immensely indurated walls and edges, and a large number of unhealthy granulations at the bottom of the wound, that excreted pus copiously. Above this ulcer was a second one the size of a silver dollar.

Notwithstanding years of treatment, by many different surgeons, the sores had never healed, though there was no constitutional bar.

By means of the knife, a steel curette, and Paquelin cautery, the indurated edges and unhealthy skin surrounding the sores were removed, together with the peculiar friable tissue forming their floor. A burned surface seven by four inches (being four or five times the size of the original ulcer) was left, reaching down to the deep fascia.

Poultices were applied for four days, when the discharge having diminished, the wounds were dressed with cold cream

and bismuthous subiodide, and pressure applied by means of straps and the bandage.

The dressing remained intact for four days. Upon its removal new skin had commenced to form around the edges of the ulcer, and its floor was covered with healthy granulations; but the surrounding surface of the limb was found in such an eczematous condition as to forbid the renewal of the straps.

The irritated skin was carefully greased with cold cream, and thickly dredged with bismuthous subiodide, and the ulcers dressed as before. The roller was evenly and tightly applied over the dressings, from instep to knee, and allowed to remain a week.

On examination at the end of that time the ulcers had rapidly progressed, and the surrounding skin was in a healthy condition. This treatment was continued without change for six weeks, when one ulcer had entirely healed, and the other measured three inches by two inches.

Ten grafts were now taken from the arm of the patient, secured by narrow strips of court plaster, thickly dredged with bismuthous subiodide, and the limb tightly bandaged. On examination, tenth day after, all grafts but one were found growing, and the ulcer nearly healed.

March 9, 1887. After ten weeks' treatment the limb is entirely healed. The long duration of the ulcerations, *fifty-five years*, is worthy of remark.

At the date of writing, the limb remains in good condition. The patient has been carefully instructed to apply the same treatment *immediately* to any abraded surface that may appear.

HON. H. H. MARKHAM and other wealthy, public spirited men are making arrangements to build a railroad to Wilson's Peak just back of Pasadena. This peak is 6,000 feet above the sea-level, and is the mountain on which the Spence Observatory is to be located. There will also be at this point a mountain sanitarium. We commend this enterprise. It will prove of great value, and be the one place where every tourist will want to visit.

ARTIFICIAL FEEDING OF INFANTS.*

BY BARTON DOZIER, M. D., LOS ANGELES, CAL.

My purpose in choosing this subject is not that I have anything new to present to the members of this society, but the simple *importance* of the subject, together with the hope that, in its general discussion by the members, something in their wealth of experience will be given that will not only be new, but a valuable addition to our stock of knowledge upon this subject. To be convinced that this is an important subject, all that is necessary is to refer to necrological statistics of foundling hospitals and to our own experience in practice.

It is reported that of sixty-six foundlings received during four years into the Philadelphia Hospital, thirty-five died within the first year, and all of these deaths, with but very few exceptions, were the result of what is commonly known as marasmus, which really means starvation. It is not mentioned what kind of food or nourishment is generally used in this hospital, but it is probable that cow's milk, as well as all of the many preparations that have been recommended and have received the indorsement of the profession, have been more or less tried.

The experience of this hospital is probably the average of that of almost all other foundling hospitals.

Now the question naturally arises, what are the reasons for this tremendous mortality of artificially-fed infants, and can it be remedied?

Is it due to an inadequate supply, unsuitable character of food, or a failure in its proper administration? It may be due to any or all of these causes. In no case is the old adage, "What is food for one is poison to another," more applicable than in this matter of artificial feeding of infants. I have seen one child starve on cow's milk and another simultaneously thrive on the same cow's milk. I have had a similar experience with various other foods. I have also seen infants thrive for a time on a particular food, and then, either suddenly or gradually, the stomach would become very rebellious, refusing to retain or digest it, when a change to something else became necessary.

* Read at July meeting Los Angeles County Medical Society.

It is not what is taken into the stomach, but what is assimilated that nourishes the individual. This fact should be well borne in mind in infant feeding. A child may seemingly take the food given it in sufficient quantity and with avidity—in fact, children are perhaps overfed more frequently than not fed enough—and yet such children may die of starvation, for the simple reason that the food is not assimilated, and consequently fails to nourish.

The question as to the best substitute for mother's milk seems yet to be an unsettled one, and I believe ever will be so long as the digestive ability of one infant differs from that of another.

Some authorities claim that cow's milk is the only proper substitute; others recommend ass's milk, as it approaches more nearly the human milk as shown by analysis, while still others believe goat's milk to be preferable to all others.

A few of the many preparations known by the term of *so-and-so's* "infant's food" are highly recommended, and are often found to agree with a child when nothing else will.

I presume it sometimes happens that infants die on account of an inadequate supply of food. I can readily see that this may occur when, as is the custom in some of the Eastern States, foundlings are "farmed out," as it is termed, at so much *per capita* to the lowest bidder. This pernicious custom, which so well illustrates "man's inhumanity to man," is a mockery of Christian civilization, and should not be tolerated in any enlightened community.

That any children should die for want of sufficient amount of food in any of our charity hospitals I can hardly believe, and I think that I am justified in saying that the percentage of deaths due to this cause in these institutions is nil.

The great bane of the artificially-fed infant is of course indigestion, and that this condition is due, to a very great extent, to the unsuitable character of food there can be no doubt, and to find just the proper food for each individual infant is the *sine qua non* in this matter of infant feeding.

Cow's milk, when found to agree, is perhaps as good, if not the best, substitute for mother's milk. The greatest objection to it being the fact that the casein forms tough coagula, which are soluble with difficulty, and hence are not readily digested by the pepsin and hydrochloric acid of the gastric juice, and

for this reason the fœces of children fed on cow's milk frequently contain lumps of curd or undigested casein.

During the first two or three months the proportion of milk to water should be as one to three; for the next two months as one to two; and after that, up to the eighth month, half and half, when pure, undiluted milk may be given. These proportions, of course, will be greatly modified by the quality of the cow's milk.

There are a great many children, however, that seem to be constitutionally opposed to cow's milk, and who can take it in no form. We are then compelled to find a more suitable substitute. I have found goat's milk to be one of the best substitutes, and will frequently agree when seemingly nothing else will. The only objection I have heard urged against it is that the children fed upon it will sometimes develop the well-known disposition of the goat to butting. This theory, which I state by the authority of the ubiquitous "old woman," would, if true, be a decided objection to its universal use, as it might develop a propensity for cranial combats among juveniles, thereby causing many a fractured skull.

The best substitute, in my experience, is condensed milk. Of this there are several brands, the "Swiss," the "English," the "Eagle," and perhaps others. The Swiss is often used and is highly recommended, but the Eagle brand has proven the most desirable preparation, and altogether the best substitute for mother's milk that I have ever tried.

The large amount of sugar necessary to preserve the milk will produce in some children acid fermentation and diarrhea; in others just the opposite condition, constipation, seems to be the result of its use. In either case I have found the addition of some preparation of pepsin to correct the difficulty. "Fairchild's peptonizing tubes" I have found to be the best preparation for this purpose. Each tube contains 5 grains of ext. of pancreatis and 15 grains of bi-carb. soda. I give of this about 3 grains with each feeding.

About the proper proportion of condensed milk to water is 1 to 16 during the first two months, after that 1 to 12. The water should always be previously boiled, and may be mixed with the milk while warm, or if mixed when cold the mixture should be heated to the proper temperature by means of the water bath, and never by placing it on the stove or before the fire.

A few teaspoonsful of any food frequently administered is sufficient for an infant during the first few days of its life; after that, up to the third month, one and a half to two ounces is quite sufficient, administered every two and a half or three hours during the day time, once or twice through the night.

The best nursing bottle is a two or three ounce vial, with black rubber nipple. Immediately after each feeding both bottle and nipple should be thoroughly cleansed with hot water, and in no instance should any food left over from one feeding be kept for the next. For lack of these precautions, and many others that naturally suggest themselves to every careful and observing physician and nurse, in the administration of food to artificially-fed infants, is due a very large percentage of the deaths of these little unfortunates.

The process of feeding, known by the term *gavage*, is recommended for the prematurely-born infant, and also for those who, though born at term, suffer from coryza, or who have been operated on for harelip.

The simplest form of apparatus advised for this purpose consists of a glass funnel, to which a rubber tube of sufficient length is attached. The funnel being filled, pressure is made upon the tube just below its attachment to the funnel, in order to prevent any escape through the lower end. The infant is placed in the lap of the nurse, the head moderately extended, and the physician, holding the apparatus in his left hand, takes the free end of the tube in his right and, after moistening it, passes it into the stomach; the compression of the tube is stopped, and the liquid passes by gravitation into the stomach. The tube should be immediately removed after sufficient nourishment has been given, in order to prevent regurgitation.

The results of this treatment are said to be very satisfactory in Paris, many infants having been saved by it that would otherwise have perished.

Medical Classics is a new bi-monthly journal published at 38 Murray street, New York city. It is a valuable publication devoted to publishing extracts from ancient medical works.

SELECTED.

AMERICAN MEDICAL STATESMEN.

DR. NATHAN SMITH DAVIS.



DR. NATHAN SMITH DAVIS, PRESIDENT INTERNATIONAL MEDICAL CONGRESS.

DR. DAVIS, who is known as the "father of the American Medical Association," is not old in anything but hale age, "frosty but kindly." He is now in the heyday of his professional activity. No other figure stands forth so prominently in the American Medical Association, and it was but natural that in the inextricable tangle of the controversy over the International Medical Congress the entire profession should turn to Dr. Davis as to a natural guide, and under his fostering care the worst of the turmoil was rapidly hushed and the prospects of the Congress soon began to vie in brightness with the best hitherto held. Dr. Davis has been formost in the attempt to remedy the evils arising from defective medical education. In the volumes he has written on medical practice he has a most enduring monument.

DR. W. B. ATKINSON,

The well-known Secretary of the American Medical Association, has long been prominent in the ranks of pædiatrists. He was born in 1835. He graduated in Medicine in 1853, from the Jefferson Medical College. He was elected in 1864, to the



DR. W. B. ATKINSON.



DR. CHRISTIAN FENGER.

Secretaryship of the American Medical Association, a position which he still retains. He was the first American to establish a pædiatric clinic. He was elected an honorary member of the Medico-Chirurgical Society of Bologna, Italy, in recognition of his services in that branch of medicine. He occupies the Chair of Pædiatrics in the Medico-Chirurgical College of Philadelphia.

DR. CHRISTIAN FENGER.

Dr. Christian Fenger, one of the foremost surgeons of the Northwest, was born in Copenhagen, Denmark, in 1845, and educated in the Academic and Medical Departments of the University of that city. He was at one time Surgeon-General to the deposed Khedive of Egypt. Dr. Fenger's contributions to surgical literature have been numerous and valuable. His operations on lung cavities have been widely noticed as well as his contributions to the now all-important questions of cerebral surgery. Dr. Fenger has a clear, logical mind, and is a gentleman of broad, general culture. He occupies the Chair of Clinical Surgery in the College of Physicians and Surgeons, Chicago.

DR. I. N. LOVE.

Dr. I. N. Love, the well-known editor of the *Weekly Medical Review*, and a leading pædiatrist of St. Louis, was born in Illinois and was graduated from the St. Louis Medical College in 1872. He was Superintendent of the St. Louis City Hospital from 1872 to 1874. He is President of the Mississippi Valley Medical Association.



DR. I. N. LOVE.



DR. W. H. BYFORD.

DR. W. H. BYFORD.

Dr. W. H. Byford, one of Chicago's oldest and ablest gynecologists and obstetricians, has long been known to the profession by his valuable contributions to obstetrics and gynecology. He is genial in manner, courteous in address, and has all the suavity of a gentleman of the old school. He is extremely conservative in gynecology, and has done much to check the operative fever which arose under the teachings of some gynecologists. He has been formost in aiding many a general practitioner by his testimony, when just dues have been withheld through the machinations of a quack who has raised the cry of malpractice. Dr. Byford, though in the afternoon of life, is in the enjoyment of rugged health.

DR. W. C. WILE.

Dr. W. C. Wile, of Philadelphia, who is well known in the profession through the ingenious operations he has devised in genito-urinary surgery, was born in New York in 1845, and was graduated in 1870 from the College of Physicians and Surgeons of New York. He is a lecturer on Nervous Diseases in the Medico-Chirurgical College of Philadelphia.

DR. W. H. WATHEN.

Dr. Wathen is a gentleman prominently identified with medical interests in Kentucky. He is President of the Kentucky State Medical Society, Professor of Obstetrics and Diseases of Women in the Kentucky School of Medicine, and has for years



DR. W. C. WILE.



DR. W. H. WATHEN.

been a conspicuous figure in the councils of the A. M. A., and a valuable contributor to the obstetrical section. His numerous writings are original and scholarly. He was born at Lebanon, Kentucky, and is about forty years of age.

DR. E. C. SPITZKA.

Dr. E. C. Spitzka, a leading American neurologist, was born in New York in 1852. The special trend of his scientific labors has been in the direction of cerebral anatomy, psychiatry and neurology. On the first of these topics he is the foremost American authority. In 1876 he gained the Turk prize of English Medico-Psychological Association, open to universal competition. He was educated in the College of the City of New York, and is a graduate of the Medical Department of New York City University. He is the author of a widely read text-book on insanity, which is accepted as an authority in the courts. Dr. Spitzka is courteous in address, somewhat portly in person and an agreeable conversationalist. He has probably done most to place American psychiatry in the commanding position it occupies to-day.

DR. J. V. SHOEMAKER.

Dr. J. V. Shoemaker was born in Philadelphia, and received an academic education at Dickinson College. He has made some valuable contributions to the physiology of the absorptive power of the skin. He is one of the most prominent dermatologists in the country, and his labors have received marked recognition at home and abroad. He now occupies the Chair



DR. E. C. SPITZKA.



DR. J. V. SHOEMAKER.

of Venereal and Skin Diseases in the Medico-Chirurgical College of Philadelphia. Among both the younger and older members of the Association Dr. Shoemaker is almost universally popular, though his powers as a tactician in medico-political affairs are often a source of discomfort to his opponents. He was accorded exceptional honors by the fraternity during his trip abroad last year.

DR. W. M. PORTER.



DR. W. M. PORTER.

Dr. W. M. Porter, one of St. Louis' prominent laryngologists, was born in 1850, and was graduated in 1871. He has made many contributions of interest to medical literature in the field of laryngology. He has been prominent in the organization of the Mississippi Valley Medical Society.—*The Medical Standard*.

SOME OBSERVATIONS DURING TWO YEARS' RESIDENCE AT COLORADO SPRINGS, COLORADO. *

BEFORE entering upon the statement of the observations proper, we find that Dr. Eskridge is constrained to make the following remarks: "I am not ignorant of the fact that you can find over-painted descriptions of Colorado climate. So you may of every other climate that is supposed to have a beneficial effect on lung troubles. To such a degree have the climatic virtues of different places been lauded that disinterested physicians have come to have but little more confidence in the greater portion of the statements made in articles written by physicians who reside and practice at these various health resorts than they have in the exaggerated accounts of the healing powers of some patent medicine; and as the nostrum is praised simply because it pays, so physicians do not altogether escape suspicion, or even censure, of being influenced by mercenary motives in their comparison of the relative advantages of different climates. * * * * That I may escape any suspicion of being influenced by a mercenary motive in writing the paper, I will state that since I have been at Colorado Springs I have done no general practice, nor do I intend to resume it there."

Is it really a fact that the profession in Colorado, to quite a great extent, can be justly ranked amongst the venders of patent nostrums? By their over-colored reports of the climate of Colorado, have they succeeded in making members in the East so skeptical of their statements that Dr. Eskridge found it necessary to say that he had not been practicing medicine while here and did not intend to practice if he returned, simply to convince his hearers that his motives must be unselfish?

We are ashamed to admit that there is room for the doctor's preliminary statements. There is no reason for telling anything about the climate of Colorado more than the plain truth. It is good enough to stand just as it is. Eastern physicians should not be deceived and encouraged to send unfortunates here simply to get rid of them, vainly imagining that they will come out all right in the bracing climate of Colorado. They may do so, but it is not justice to the climate nor the patient to

* Read by J. T. Eskridge, M. D., before the Philadelphia County Medical Society, September 22d, 1886.

leave the change to the last. The duty of physicians in Colorado is to stand by our beautiful climate and so speak in reference to its virtues that injustice will be done to neither the climate nor the patient. A few years ago a physician writing from Denver mentioned the fact of holding picnics in January. Such a thing might be possible, and yet it is not just to the climate to say so. The idea of a picnic to the Eastern mind has certain associations: they will not be found here in January. Just think of someone's reading that letter, and then coming here in January and finding the temperature 20° below zero. Let us stick to the plain truth.—*Maryland Medical Journal*.

THERAPEUTIC NOTES.

Sulphuretted Hydrogen Enemata in Phthisis.—Private letters from Philadelphia inform us that this treatment has been thoroughly tried there, and with not very encouraging results. For a time there may be a slight decrease in fever and in the quantity of the expectoration, but the improvement is not permanent. No change in the physical signs is noted.

Antipyrin and Antifebrin.—Recent studies tend to show that antipyrin, in from ten to twenty-grain doses, causes sweating, and reduces the temperature 1° F. within thirty minutes, and 3° F. within two hours; the pulse rate being lowered. General malaise follows, and the temperature begins to *increase* within two and a half hours after the ingestion of the drug. Antifebrin, in from five to thirteen-grain doses, appears to be superior to antipyrin in producing no after effects. It is slower in its action, but more lasting: the defervescence not being accomplished until one and a half hours, but lasting on an average for six.

Turpentine in Syphilis.—Messrs. Jabez Hogg and Carmichael, of Dublin, effectually use, in obstinate cases of syphilitic iritis that have resisted ordinary treatment, oil of turpentine in half-drachm doses three times a day.

Mercurial Diuresis.—Mercury as a diuretic should only be considered as a therapeutic curiosity and never be used, as Terray (*Pest. Med. Chir. Press*, 1886) and Weinstein (*Wein*.

Med. Blätt, 1887, p. 206) find that the drug *invariably* causes a stomatitis that is directly proportional to the diuresis. Even very small doses of calomel frequently cause profuse diarrhea, stomatitis, and salivation.

Treatment of Lupus.—Mr. Chicken (*Lancet*, April 23, 1887) removes the new growths as far as possible by scraping, and then thoroughly rubs powdered iodoform into the wound. Profuse insufflation of the drug should be employed when the part is inaccessible, as in affections of the cervix and rectum.

Electricity in Post Partum Hemorrhage.—The hemorrhage was controlled, after other means failed, by the application of the current to the womb; one pole being held by the patient, while the other was held by the physician, who grasped the womb with the opposite hand.

Oxygen in Diabetes.—Oxygen, in the form of peroxide of hydrogen, was administered to three cases of diabetes, by Le Blond, of Paris, in which the sugar entirely disappeared from the urine.

Treatment of Grave Epistaxis.—M. Verneuil (*Lancet*, April 30, 1887) treated three cases of nose-bleeding that had resisted plugging, digitalis, ergotine and perchloride of iron, by the application of a large blister over the region of the liver. Several English writers record similar cases.

Collapse from Strapping the Testicle.—Some hours after their application the patient was found in a serious state of collapse with severe pain in hypogastric region, and unable to speak. Removal of the straps gave relief.

Administration of Santonin.—This anthelmintic should be given in oil, that the drug may pass through the stomach without being absorbed, and expend its force on the intestines.

The *Medical Record* says: The use of gaseous enemata in phthisis has been entirely abandoned in the fourth division, Bellevue Hospital, where they have been earliest and longest tried.

Dr. W. M. Boyd (Columbus Medical College, 1883), late of Millersburg, Ohio, has recently located in Los Angeles.

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THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

BALANCE WHEELS.

THE text of the editorial of the last number, "Work and live," is a text which possibly needs a commentary. It is not sufficient that one should work in order to live. There must be a method and an order to the work that one may indeed "Work and live." The ponderous Corliss engine, which drives the machinery of the factory, has one wheel with no cogs or

bands, save the one which gives it motion. Other wheels have their connections and linkings with various portions of the complicated mechanism, and even the stranger to the workshop can readily trace their purpose and part in the transmission of power. It is a great, massive circle of iron, weighing perhaps tons, and with each turn of the machinery these tons of dead-weight are whirled around with a resistless momentum. It might be asked why this apparently useless expenditure of force in moving day after day and year after year a dead weight?

It generates no power; it increases no power. Everything else in the complicated mechanism has apparant purpose and use. What can be the use of this?

Take it away—the regular sweep of the machinery becomes irregular. The constantly fluctuating and varying draft upon the power, coming from the momentarily varying demands of the factory, breaks up all regularity of speed, and the motion becomes jerky and irregular.

And more. As time goes by the machinery is found not to wear so well. The irregular motion means increased wear; and after a little while the engine, which should have lasted for years, has to be replaced by a new one. Neither is the work so well done. That great circular mass of apparently useless metal is what is known as a balance wheel, and its function is to give steadiness to the motion of the machinery—this and nothing more; and dead weight as it is, consumer of power, it yet is as a conserver and regulator of power, of infinite use. It not only enables the machine to do better work, but prolongs the working life of the machine itself.

What that balance wheel is to the Corliss engine, the steady-ing power of a strong purpose is to human life. It is a conserver of force, mental and physical, and by this conservation of force, and by the lessened wear and tear which come of a steadier action, adds to the length of years. Long lives are, as a rule, lives with a balance wheel to them. They are lives which have a plan, a definite line of action, a settled and fixed purpose. In this sense the plans and purposes of life come within the field of that broader medical science which wots of things not found always within the covers of medical books or upon the shelves of the apothecary.

Brother mortal of weak, vacillating will, it is not enough

that the wheels of life go whirling about. Unless steadied by the balance wheel of some strong purpose, they are prematurely worn out by the irregular jerk and jar. If you would live out the allotted length of days quit drifting, and have a purpose to being. It is not enough that you toil. Let there be a plan to the toiling, a plan running ahead on through the years.

Then may you see your children's children to the third and fourth generations. And they who by birthright inherit your strength of moral and mental purpose shall rise up to call you blessed.

JOHN WYETH AND BROTHER IN LOS ANGELES.

A SHORT time since we called attention to the fact that P. Blakiston, Son & Co., of Philadelphia, had established an agency for their medical works with Messrs. Stoll & Thayer, No. 3 South Spring street, Los Angeles, and that C. W. Kolbe, of Philadelphia, had established an agency for his surgical instruments with Howard W. Sale, 264 South Spring street, Los Angeles.

The sales at both these agencies have more than justified these noted houses for their enterprise, and now we take pleasure in announcing that a third prominent Philadelphia house has come direct to Los Angeles for a market.

Messrs. John Wyeth and Brother have made arrangements to supply the trade with their pharmaceutical preparations through the well-known drug house of Adolf Ekstein, corner of Fort and Third streets. Every reader of the SOUTHERN CALIFORNIA PRACTITIONER will find interesting matter in Wyeth's advertisement on another page.

Eastern houses will all find it greatly to their interest to do business direct with Southern California.

Physicians and druggists have grown tired from sending five hundred miles away, to San Francisco, and then waiting for the San Francisco dealer to send to New York or Philadelphia.

Speaking for the profession of Southern California we can confidently say, that every physician in this section realizes that each pharmacuetical, surgical instrument, or medical

book-house that establishes an agency and keeps a full line of goods in Southern California is doing him a personal favor.

Philadelphia houses are showing great acumen and prescience in thus reaching out for the trade of this populous and prosperous section, and their efforts are meeting with abundant success.

GYNECOLOGY IN SOUTHERN CALIFORNIA.

THE announcement on another page of the opening of an institution in Los Angeles devoted to gynecology and obstetrics will, we are sure, meet the approval of the profession throughout Southern California, Arizona and New Mexico.

The climate of Southern California is peculiarly favorable for surgical operations, the constant daily ocean breeze making the summer equally good as the winter.

Drs. Lindley and Haynes have made a very happy selection for a location for their establishment. It is a quiet, secluded place, and yet is but one-half square from the electric railway, one and one-half squares from the Main street line of horse cars, one square from the location recently secured for the Southern Pacific passenger depot, and one square from the property recently purchased by the United States for the site of a post-office. The property is known as the Winston Homestead and is on Winston street.

Dr. Lindley has for several years made gynecology and obstetrics his special study, and Dr. Haynes, lately of Philadelphia, has, during seventeen years' practice in that city, achieved success as a gynecological surgeon.

Physicians sending patients to this institution can have them attended by the two physicians mentioned, or any other of the numerous well qualified physicians in Los Angeles.

STREET SPRINKLING.

IN Southern California cities, where for six months there is no rain, street sprinkling is of paramount importance. The flying and omnipresent dust is a source of great discomfort to the residents of our cities and particularly disgusting to

people of wealth who have crossed the continent to enjoy the delights of our climate.

To the health-seeker, especially he who has lung or throat diseases, this dust is more than simply annoying. It causes an irritation in the air-passages that more than counterbalances all the good derived from the climate.

There is yet a more serious view of this matter, and one that concerns us all: on our streets are numerous consumptives; the matter they expectorate is inhabited by millions of disease-breeding bacilli. These minute germs go from tuberculous lung to the street, and are thence carried in the atmosphere and inhaled by people who are in good health. You notice a hollow-cheeked, pitiful looking consumptive, dragging his unwilling feet along the street, you involuntarily think of the mass of diseased lung tissue and of the myriads of bacilli that are feeding on it, as the maggots feed on outside carrion. You hear the deep, hollow cough and see the invalid stop and spit up a mouthful of pus. An hour later that sputum has become desicated and intimately mixed with the dust that you are inhaling, and the bacilli are soon in pastures new.

The daily press of Los Angeles, the Board of Trade, and Hon. W. H. Workman, mayor of Los Angeles, have taken a liberal, progressive position on this subject, and their action will be upheld by every intelligent person in this city.

If twenty-five sprinkling carts will not protect us, employ fifty. The number of carts employed should be gauged only by one thing, and that is the number necessary to abolish the dust from our streets.

Suppose that our erudite Board of Health should allow only a fixed amount for vaccine points; our Health Officer would say he must have enough to vaccinate all who needed vaccination, regardless of cost. Vaccination protects us from but one disease, but street sprinkling protects us from the deadly dust, laden with germs from the lungs of every human being who walks our streets, and bearing the dried feces from the bowels of all the animals that are driven over our thoroughfares.

DR. FRED T. BICKNELL is away on a trip through the Sierra Nevada mountains.

CORRESPONDENCE.

BLUE VS. SMOKED GLASSES.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER: In Southern California about nine out of ten persons you meet wearing colored glasses have the smoked glasses on. The doctors, as the opticians say, prescribe them; they seldom having a call for the blue glasses. If we stop a minute, and but think of the properties of the various rays of the spectrum, we perhaps would do differently. The yellow and red rays are accompanied by the most heat, and are the most irritating to the retina. The blue rays are accompanied by the least heat, and neutralize the yellow or irritating rays. These facts make, theoretically, the blue glasses the best for the eye. Experience bears out the theory. In many of the ophthalmic hospitals the rooms in which patients are kept after severe operations are finished in blue.

Colored glasses should not be worn all the time, nor should they be of a very deep color. After sun down it is best, in most cases, to dispense with them until the next day; of course, in bright gas or lamplight they should be worn.

Yours respectfully,

WM. D. BABCOCK.

237 South Spring street, Los Angeles, July 26, 1887.

OPPOSED TO VACCINATION.

SIR: My attention has been called to the article upon this important subject in the SOUTHERN CALIFORNIA PRACTITIONER by Dr. J. H. Davisson, and I hope you will allow me space for a brief statement of European experiences.

The vaccination acts were passed in England through the instrumentality of the Epidemiological Society, whose report (now shown to be full of fallacies) was accepted by Parliament, unexamined and unchallenged, in the year 1853. It is rather singular that this period should have been chosen for rendering the Jennerian prescription obligatory, as there was no epidemic of small-pox, and the mortality was greatly below the average. In London, for that year, there were only 211 deaths from small-pox, and the indifference to vaccination

was increasing all over the country; in some districts the practice had been virtually abandoned. Immediately after the passing of the act of 1853, small-pox began to rapidly increase in the metropolis, as will be seen by the following annual summary of the Registrar General for the last thirty years:

DECADES.	ESTIMATED MEAN POPULATION.	SMALL-POX DEATHS.
1851-1860	2,570,489	7,150
1861-1870	3,018,193	8,347
1871-1880	3,466,486	15,551

The lowest decade averaging two hundred per cent more than the year this law was passed by Parliament. This increase is attributed, by some medical authorities, to be in part due to the contamination of the blood by vaccination and variolation. Nor is this view impossible when we consider the recent serious small-pox epidemics in Sunderland, Liverpool, Birmingham, Crewe, and other towns where vaccination is enforced with undeviating vigor, and where anti-vaccination leagues are unknown.

The effects of re-vaccination, now so loudly called for, are shown in the reports presented to the late Emperor of the French, in 1867, by the Paris Academy of Medicine. Dr. Ducharme, a first-class aid-major of the 1st Regiment of Volligeurs of the Guards, engaged with great zeal in carrying out the instructions for re-vaccination. He says: "After the medical inspection, in 1867, of the 1st Regiment, it was decided to practice re-vaccination. I chose youths of rosy complexion, sound temperament, and free from acquired or hereditary disease. I completed a first series of operation the 31st of December, 1867. The number re-vaccinated amounted then to 437; when, toward the end of 1868, a small-pox epidemic, in a highly confluent form, broke out in the regiment. This epidemic made many victims, amongst others, one of the Infirmary assistants, who died in the Hospital of Gros Coillon. To what ought we attribute this epidemic in a regiment in which 437 re-vaccinations had been performed, when the hygienic conditions, as space, ventilation and food, were excellent; when in the 2d Regiment of Volligeurs, lodged in a precisely similar barrack in the same court, but on whom no vaccination had yet been made, not a single case of small-pox existed? What is the explanation of a

phenomenon so striking? Could I have developed, by my operations on men living in common, the germs of infection? May I not consider that I have caused a development of the small-pox germ particularly in operating on a crowded population? The idea now thrown out, will not, I think, be deemed erroneous, in presence of the facts occurring in my regiment, where I practiced vaccination so extensively, contrasted with what passed in the 2d Regiment, living in identical hygienic conditions, but among whom none had been vaccinated."

I may mention that the Commander-in-chief at Algiers has admitted the dangerous effects of a vaccination in the army in that country, and authorized Staff-Colonel Gausard to supply me, during a visit to that city in 1884, with the facts concerning the disaster to fifty-eight young recruits of the 4th Regiment of Zouaves, syphilized and ruined for life by the means of this perilous operation. According to the evidence of the Counseilles General of Algiers, M. Marchal, thirty of these unfortunate youths have since died of the injuries they received.

This is only one of the numerous vaccine disasters brought before the last International Anti-Vaccination Congress, held at the Hotel de Ville, Charleroi, Belgium, by the various accredited delegates.

Yours faithfully,

WILLIAM TEBB.

National Liberal Club, Charing Cross, London, June 29, 1887.

EDITORIAL NOTE—To refute the above unwarranted conclusions we refer our readers to Dr. Davisson's article in the May PRACTITIONER.

NEW LICENTIATES.

SAN FRANCISCO, July 6, 1887.

THE regular meeting of the Board of Examiners was held at No. 326 Geary street, pursuant to call of the President.

The following persons, having complied with the requirements of the law and this Board, were unanimously granted certificates to practice medicine and surgery in this State :

Myron H. Alter, Los Angeles, College of Physicians and Surgeons, Baltimore, March 6, 1878.

David M. Amyers, Vallejo, Long Island Medical College Hospital, N. Y., June 2, 1878.

William D. Babcock, Los Angeles, Indiana College of Evansville, Ind., February 27, 1878.

Walter M. Boyd, Los Angeles, Columbus Medical College, Ohio, March 1, 1883.

Wm. Lang Chapman, San Francisco, College of Physicians, N. Y., May 16, 1882.

G. Del. Amo, Los Angeles, Faculty of Medicine, University of Madrid, Spain, February 2, 1879.

Adam Tribe Dickson, Sacramento, Royal College of Physicians, Edinburgh, May 7, 1879; Physicians and Surgeons, Glasgow, November 9, 1870.

Herman N. Fenner, Los Angeles, Medical College of Ohio, O., March 1, 1881.

Hiram Paul Hugus, Los Angeles, Long Island Hospital College, N. Y., June 27, 1865.

Theodore H. Johnson, National City, Chicago Medical College, Ill., March 20, 1877.

George Louis Marion, Los Angeles, Rush Medical College, Chicago, Ill., February 16, 1886.

Francis P. McGovern, San Francisco, State University of Iowa, March 2, 1887.

Thos. D. Nichols, Riverside, University of Louisville, Ky., February 28, 1878.

J. Taylor Stewart, Monrovia, Jefferson Medical College, Pa., March 12, 1878.

John J. Still, Los Angeles, Bellevue Hospital Medical College, N. Y., March 9, 1885.

Abraham A. Sulcer, Riverside, Rush Med. College, Chicago, Ill., January 24, 1886.

Sidney Brown Swift, San José, Texas Medical College Hospital, March 3, 1880.

David B. Van Slyck, Pasadena, University of Buffalo, Medical Department, N. Y., February, 1852.

Theoda Wilkins, Los Angeles, Women's Medical College, New York Infirmary, May 27, 1885.

WM. M. LAWLOR, M. D., Secretary.

TRANSLATIONS.

TRANSLATED FOR SOUTHERN CALIFORNIA PRACTITIONER.

Treatment of Bright's Disease and of the Uræmic Symptoms after Scarlet Fever.—This child with the well-marked œdema in the face has had uræmic attacks. The urine contains albumen, also cylindrical epithelium. A Bright's disease in a child nearly always, and with great probability, precludes a previous scarlatina. The less the œdematous swelling, and the less the urine escapes, the more the danger. As a rule the uræmic symptoms are initiated with vomiting. If Bright's disease sets in during the fever, then children become pale and desquamation is retarded. When the urine ceases then we have uræmia. The children become sleepy, and suddenly convulsions of the most severe type appear. The attack may return within twenty-four hours. After the lapse of twenty-four hours the convulsive stage is over, the urine escapes, œdema is more expressed, partly anasarca, pleuritis, pericarditis, etc. Altogether the prognosis is not a very "triste" one, the majority of children recover. In case pleurisy, pericarditis, bronchitis are complicated, then the children may die of the attack.

Treatment—Chloral hydrate, in the form of rectal injections, are used, and in doses of 10 to 25 grs., according to the age of the child; or inhalations of chloroform, if administered with great caution, and not complicated with lung trouble. When the child is able to swallow, a good laxative should at once be ordered:

Aqu. laxat. Viennes, 50.00 (1½ oz.);

Aqu. Creasot;

Syr. Rub. Id., of each 30 (1 oz.)

Aided by injections. Irritating diuretics should never be given. Very diluted milk or weak lemonade, with some cream of tartar, almond-milk, Selters water, etc. If the indications are of such a character give digitalis. In passive hyperæmia, Hofenokl prescribes diuretics, acetate of potassium 15-30 grs. In later times warm baths and pilocarpine have been advised. But Hofenokl warns against the use of the last, as severe collapse has been noted after its use. Warm baths, cold applications to head; envelope the child well in order to allow it to perspire. As long as the urine contains blood, the treatment above mentioned, combined with a restricted diet, are to be

used, as thin soups and milk. As soon as the urine flows easily, then Hofenokl commences to nourish the child, and administers at the same time iron and quinine.—*Allg. Wiener Ztg.*, 1886.

Cysts of the Second Phalanges, Chilblain. Small Operations performed upon the extremities of old persons are not altogether dangerous.—The so-called chilblain (*peruionæ*) are formed similar to corns, by pressure of narrow shoes. They are cystoid formations, and as a rule are situated between the second phalanges, and other coverings are connected with the joint. By rubbing, an ulcer appears upon the epidermis, which may be very troublesome. They can be readily cured by removing the cyst with its sac, otherwise the ulcer will never heal. The operation is very harmless if performed on young persons, otherwise on older patients. Here the inexperienced operation of a corn, of a chilblain, of an in-grown nail, can lead to a persisting sickness, even to death. In the old everything is dangerous that is too remote from the heart. The heart does not possess the pumping force of youth; the circulation is slow, the blood vessels are atheromatous; gangrene results very easily. Very frequently we hear in the public press news that this or that person died of an operated corn, or succumbed to a slight injury of the extremities.—*Skiz. rus d. Chirurg. Klinik d. Prof. von Nusbaum, Munich.*

Caries of Teeth, its Treatment.—There are two varieties of toothache, one occurring usually from a carious tooth, into whose cavity air and food penetrate. To alleviate pain, morphine internally, and apply locally a piece of cotton moistened with chloride of zinc (1 to 5 of water), and upon this a small ball of wax.

The second kind is the result of a periostitis of a carious root. In case the hollow tooth becomes painful on touch, we diagnose a periostitis. In these cases the tincture of iodine is a panacea. Once or twice in twenty-four hours apply it the gums, and wash the mouth with lukewarm water. Although the jaw may be inflamed, yet this procedure has benefited and eased the obnoxious toothache.—*Skiz. rus d. Chirurg. Klinik d. Prof. von Nusbaum, Munich.*

SPECIALS.

The *New Orleans Medical and Surgical Journal* with its July number entered upon its fourth year. We congratulate its editors. Their journal reflects credit upon the profession of the South, and, while our professional friends east of the Rockies may not acknowledge South California as being really and truly a portion of "The South", yet we beg permission to express our appreciation.

Prof. Geo. Engelman A. M., M. D., of St. Louis, is the author of a series of articles recently published in the *American Journal of Obstetrics*, advocating the "dry treatment" of uterine and peri-uterine diseases. Herec ommends especially the insufflation of bismuth or iodoform and the use of dry cotton (not absorbent) tampons. He deprecates the use of glycerine on tampons saying it is a useless dirty treatment.

Drs. Kurtz & Worthington have removed their offices to the New Kurtz Block, South Main street, nearly opposite the Opera House. We congratulate our colleague upon the completion of his elegant new brick building. There is now the "Kurtz Block" and the "New Kurtz Block" of one of our colleagues and the "Widney Block" and the "New Widney Block" of another of our colleagues, and the junior editor now begs to suggest that each additional structure as it is erected be named, in accordance with the plan adoped by Brigham Young, *i. e.*, by means of numerals. The fact that after eighteen months' connection with the SOUTHERN CALIFORNA PRACTITIONER, Dr. Kurtz has been enabled to erect a \$50,000 building, shows conclusively the profits of Pacific Coast medical journalism.

The profession of Los Angeles is fortunate in the character of the physicians who have recently come to this city to locate Every first class-man who comes acts as a stimulus to those who came before him. Like begets like. Among the arrivals during the past year or two none has more favorably impressed his fellow practitioners than Dr Dozier, the author of an article in the current number of the PRACTITIONER.

F. T. Bicknell, M. D., Professor of Gynecology in the University of Southern California, has been very ill, but is slowly recovering.

BOOK REVIEWS.

PRACTICAL TREATISE ON OBSTETRICS. By Dr. A. CHARPENTIER, Adjunct Professor at the Faculty of Medicine, Paris. Translated under the supervision of, and with notes and additions by, Egbert H. Grandin, M. D., Obstetric Surgeon to the New York Maternity Hospital; Instructor in Gynecology at the New York Polyclinic; Fellow of the Obstetrical Society, etc. In Four Volumes. 267 wood engravings and four colored plates. Being the first four volumes of the *Cyclopedia of Obstetrics and Gynecology* in twelve volumes. New York: Wm. Wood & Co. 1887. (Published by subscription: price for the twelve volumes, \$16.50.)

Charpentier has given us, without doubt, the most complete treatise on the subject ever printed. Like all other cyclopedic works, the weak point lies in the application to the needs of actual practice of the immense stores of facts and theories accumulated. But here readers consulting the translation have an advantage over those using the original. Grandin, so well known by his contributions to the *New York Journal of Obstetrics*, comes to the rescue, and, wherever it is required, in a few concise, decided sentences gives just such working directions as will rejoice the practical mind of the American physician.

A few excerpts will serve to show the thorough way in which the subject has been treated.

In using the catheter, you are advised to work by sight and not by touch. Moreover, the vestibule should first be thoroughly cleaned. If these directions were followed, we should have fewer cases of cystitis to worry us.

The number of foetal heart-beats does not enable us to determine the sex. Variations of from 15 to 20 pulsations occur in consecutive minutes, without apparent cause.

Prolonged pregnancy, the foetus being alive, "does not occur as a physiological fact."

The possibility of superfoetation is considered very doubtful.

Local treatment of uterine diseases antedating pregnancy must be avoided. While the *prurigo secandi* prevails as an epidemic in our profession, such advice is refreshing. We are acquainted with the details of a case (not yet published), in which a section was excised from the cervix of a pregnant woman for the cure of an old laceration. Abortion followed, and the woman nearly died.

To prevent abortion, we are told to use enemata of twenty drops of laudanum in ten ounces of water. This reminds one

of the vulgar way in which a drunken man, with a distended bladder, tried to extinguish a fire. We have never found less than half a grain of morphia by suppository, or a quarter of a grain hypodermatically, do any good in such cases.

Schultze's excellent method of resuscitating the newborn is fully described and illustrated.

The marked influence of lead and tobacco-poisoning in producing abortion is substantiated. Forty-five cases of abortion and premature delivery were noted among 100 cases of delivery in tobacco-workers; fifteen children died shortly after birth, and the mortality of such of the survivors as were nursed by their mothers was ten per cent higher than among those brought up on the bottle.

Opinions for and against the use of pilocarpin in eclampsia are given at length, and the reader is left to decide for himself. Kroner has always seen it fail, both as an ecboic and as a cure for eclampsia. Barker used it in six cases, and with bad results in every instance. We have seen some twelve cases of eclampsia and uræmic convulsions treated by this alkaloid. They all terminated fatally. Anyone who has noted the immense accumulation of mucus in the air passages, and the weakening of the heart-beats, after pilocarpin, will hesitate to recommend its use in eclampsia.

These volumes are well printed on good paper, and are copiously illustrated. The volume containing the article on the forceps is more than worth the price of the whole work.

HANDBOOK OF GENERAL AND OPERATIVE GYNECOLOGY.

By Dr. A. HEGAR, Prof. of Obstetrics and Gynecology, and Director of the Gynecological Clinic at the University of Giessen. In Two Volumes. Vol. I—Gynecological Examinations, Minor Therapeutics, Manipulations, and Elementary Operations, Operations on the Ovaries. 129 engravings. Edited by Egbert H. Grandin. Being Vol. VI of Wood's Cyclopaedia of Obstetrics and Gynecology. New York: Wm. Wood & Co. 1887.

This work, which is a translation of a portion of Billroth's Handbook, contains an elaborate and careful consideration of the subjects noted. It is not intended for the elementary student, but rather for the physician, who not only desires to do the best that science dictates for his patient, but also to know *why* he does it. The conservative yet progressive spirit of the work is noteworthy. Nor is any attempt made to impress the reader with a feeling of awful admiration for the personal

achievements of the writer, which some years since was the key-note of American gynecological literature. Dr. Marion Sims, the hierarch of this kind of literature, is dead, but, like John Brown, "his soul goes marching on." Defects and failures in methods of treatment are frankly given; a great name is not considered to be all that is required to recommend a practice, but each step is considered without prejudice or favor and solely from its actual workings.

We are advised not to place too much reliance on the statistics of that dogmatic genius, Tait, but his wonderful success in salpingotomy is acknowledged, and is attributed, with that of Keith in other abdominal operations, to the pure condition of their operating rooms, and to their careful avoidance of contact with infectious objects. The lesson taught is to avoid the introduction of germs (*asepsis*), and not to trust too implicitly to present methods of destroying them, when they have once gained admission to wounds (*antiseptis*).

As to the statistics of Keith, their honesty cannot be doubted; but we have met with a number of irreverent Americans who explain Tait's figures with the rugged simplicity of Horace Greeley, "You lie, and you know you lie!"

Sponge tents are justly discarded, and hard rubber bougies are advised, gradually increasing the size introduced, and employing one or two hours, or more, in producing sufficient dilatation of the cervix to introduce the finger. From cases that have occurred within our knowledge, that have not been published, and that never will be published, we are led to believe that full dilatation of the cervix by sponge tents in general practice, is attended by as great a mortality as is uncomplicated ovariectomy in the hands of Keith.

Every practitioner will be interested in the details given of serious and even fatal accidents from vaginal injections. It would seem that the gravity irrigator is the safest.

Simon's method of exploring the abdominal cavity by the hand passed into the large intestine is discarded. If Germany originated this barbarity, America, in the person of a New York surgeon (whose name we fail to recall), should have the credit of banishing it to the limbo of surgical monstrosities.

Intra-ligamentary ovarian cysts—those growing between the folds of the broad ligaments, and even down into the pelvic cavity—are peculiarly well described. "Complete extirpation

of such tumors may be technically impossible, on account of the large extent of the intra-ligamentary wound surface and the impossibility of thoroughly checking hemorrhage. The unfavorable insertion of the tumor may usually be foretold with complete certainty by an anal examination."

Did space permit, we would give the author's very lucid account of the treatment of such cases—the best we have ever read.

No one treating diseases of women can afford to be without this work.

DISEASES OF THE BLADDER AND URETHRA IN WOMEN.

By ALEXANDER SKENE, M. D., Professor of Diseases of Women in L. I. College Hospital; Fellow of American Gynecological Society; Corresponding Member of Gynecological Society of Boston; Member of Medical Society of the County of Kings and of the Obstetrical Society of N. Y. Illustrated. Second Edition, thoroughly revised. Pages 374. New York: William Wood & Co., 56 Lafayette Place. 1887.

Prof. Skene has presented us with the only systematic work on the subject in the English language, if we except that of Winkel, which has now been translated for Wood's Cyclopaedia of Gynecology. The author, who is one of the most successful teachers in America, has written a full, lucid and thoroughly practical treatise about a class of diseases of which most of us possess but very vague knowledge.

Anatomy and malformations are carefully described. Then functional diseases are taken up. A distinction is made between women who *will not* urinate, because of their fondness for having their sexual organs handled by the interesting young physician, and those who *cannot*, because of the pressure of an erect clitoris upon the urethra. In neurosis of the bladder, rapid dilatation is the remedy, when all milder measures have failed; but even in skillful hands incurable incontinence has occasionally resulted. A greatly distended bladder should be emptied gradually: death has resulted from a neglect of this precaution. Here we would like to insist that the Jacques soft-rubber, "velvet-eyed" male catheter is the only one which should be ordinarily used in the female; and that in those difficult cases of distension of the bladder, produced by retroflexion of the grand uterus, the olive-pointed, flexible male catheter is invaluable.

Boiling in water for a few minutes is the only certain way of disinfecting catheters.

Just mentioning Lecture III, which contains an excellent account of urinary analysis and of the endoscope, we will pass on to some points in the treatment of chronic cystitis, given in Lecture IV. Irrigation holds the first rank; cautious injection of 5 or 10 drops of a solution of nitrate of silver (20 grs. to the oz.), and permanent drainage by Holt's catheter are highly praised. Where all other treatment fails, the formation of an artificial vesico-vaginal fistula is advised; but we are cautioned not to resort to this operation hastily, and are told that even in the Women's Hospital but four cases out of seventeen operated upon were *cured*. We would like to know the author's opinion of the utility of stitching the vaginal and bladder mucosæ together in this operation, to prevent premature healing.

The sixth lecture treats, among other things, of foreign bodies in the bladder. We see no mention of *air* in this connection. In a unique case coming under our care, an ignorant nurse, in giving a vaginal injection, distended the bladder with air, causing great pain. The diagnosis was made from the presence of a tympanitic tumor above the pubes, reaching to the umbilicus, and by the use of the catheter.

The two last lectures are on diseases of the urethra, in the diagnosis of which the author finds the endoscope indispensable. It is interesting to note that the greatest success in treatment seems to have been obtained by mild measures, and that here, as indeed throughout the whole work, the use of heroic remedies is only advised where it is unavoidable.

In conclusion, we would ask our readers not only to buy this remarkable book, but also to patiently *study* it.

WE observe that an article on Duodeno-Cholecystostomy, contributed by Dr. J. McF. Gaston, of this city, to the Reference Handbook of the Medical Sciences, has been translated and republished, with the illustrations, in the *Journal de Médecine* of Paris. It may be noticed, in connection with this recognition of Professor Gaston abroad, that he has recently performed a nephrotomy and removed two urinary calculi from the opening of the ureter, and, on the 25th of November, he ligated the femoral artery below scarpa triangle in a case of popliteal aneurism.—*Southern Medical Record*.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION, FOR JUNE, 1887.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.
Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.
Los Angeles, California. *Month of June, 1887.*

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitation in inches & Hundredths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	29.93	63.0	77.0	56.4	*T	Mean Barometer, 29.874
..... 2	29.91	62.7	70.2	57.6	.00	Highest Barometer, 30.004, date 21.
..... 3	29.84	63.0	74.0	58.1	.06	Lowest Barometer, 29.734, date 24.
..... 4	29.82	63.7	73.0	58.1	.04	Monthly Range of Barometer, .274
..... 5	29.87	63.3	77.0	56.3	.00	Mean Temperature, 66.1.
..... 6	29.84	62.7	79.0	41.7	*T	Highest Temperature, 100.1, date 16.
..... 7	29.85	63.3	86.5	48.2	*T	Lowest Temperature, 46.7, date 6.
..... 8	29.83	64.7	82.8	49.2	*T	Monthly Range of Temperature, 53.4.
..... 9	29.83	65.7	82.0	51.9	*T	Greatest Daily Range of Temperature, 47.0, 16th
..... 10	29.86	66.0	81.0	52.0	*T	Least Daily Range of Temperature, 12.6, 2d.
..... 11	29.86	65.0	83.0	50.1	*T	Mean Daily Range of Temperature, 26.8.
..... 12	29.86	65.7	77.0	57.3	.00	Mean Temperature this Month
..... 13	29.86	63.7	75.2	54.2	*T	1879.. 65.8 1882.. 64.4 1885.. 65.0
..... 14	29.91	63.3	79.0	50.6	*T	1880.. 65.4 1883.. 68.8 1886.. 66.1
..... 15	29.90	67.7	83.8	49.7	*T	1881.. 65.6 1884.. 65.6 1887.. 66.1
..... 16	29.84	77.0	100.1	53.1	*T	Mean Daily Dew Point, 58.4.
..... 17	29.80	72.0	90.8	58.6	*T	Mean Daily Relative Humidity, 78.5
..... 18	29.80	68.7	80.5	57.5	T	Prevailing Direction of Wind, W.
..... 19	29.76	66.3	77.5	58.3	*T	Total Movement of Wind, 4444 miles.
..... 20	29.90	70.0	80.8	60.8	.00	Highest Velocity of Wind and Direction, 20 miles, W.
..... 21	29.98	64.7	80.0	54.4	*T	Total Precipitation, .07
..... 22	29.91	66.7	81.0	56.3	*T	Number Days .01 inches or more Rain fell, 1.
..... 23	29.78	67.0	85.0	54.7	*.01	Total Precipitation (in inches and hundredths) this Month
..... 24	29.75	65.3	81.0	56.3	*.01	1879.. .03 1882.. T 1885.. T
..... 25	29.84	64.0	76.0	57.6	*.00	1880.. .00 1883.. .03 1886.. .11
..... 26	29.84	67.7	85.0	53.6	*T	1881.. .00 1884.. 1.29 1887.. .07
..... 27	29.84	66.0	84.8	51.1	*T	Number of Foggy Days, none.
..... 28	29.83	65.7	85.0	52.1	*.01	" " Clear " 17
..... 29	29.85	69.0	88.0	54.4	*T	" " Fair " 10
..... 30	29.90	68.0	84.0	56.3	*T	" " Cloudy " 3
..... 31	.....	.....	.....	.....	.....	Dates of Auroras, none.
						Dates of Solar Halos, none.
						Date of Lunar Halos, none.
						Dates of Frost—Light, none.
						Killing, none
						Dates of Thunderstorms, none

*Precipitation from Fog or Dew.

The T indicates trace of precipitation.

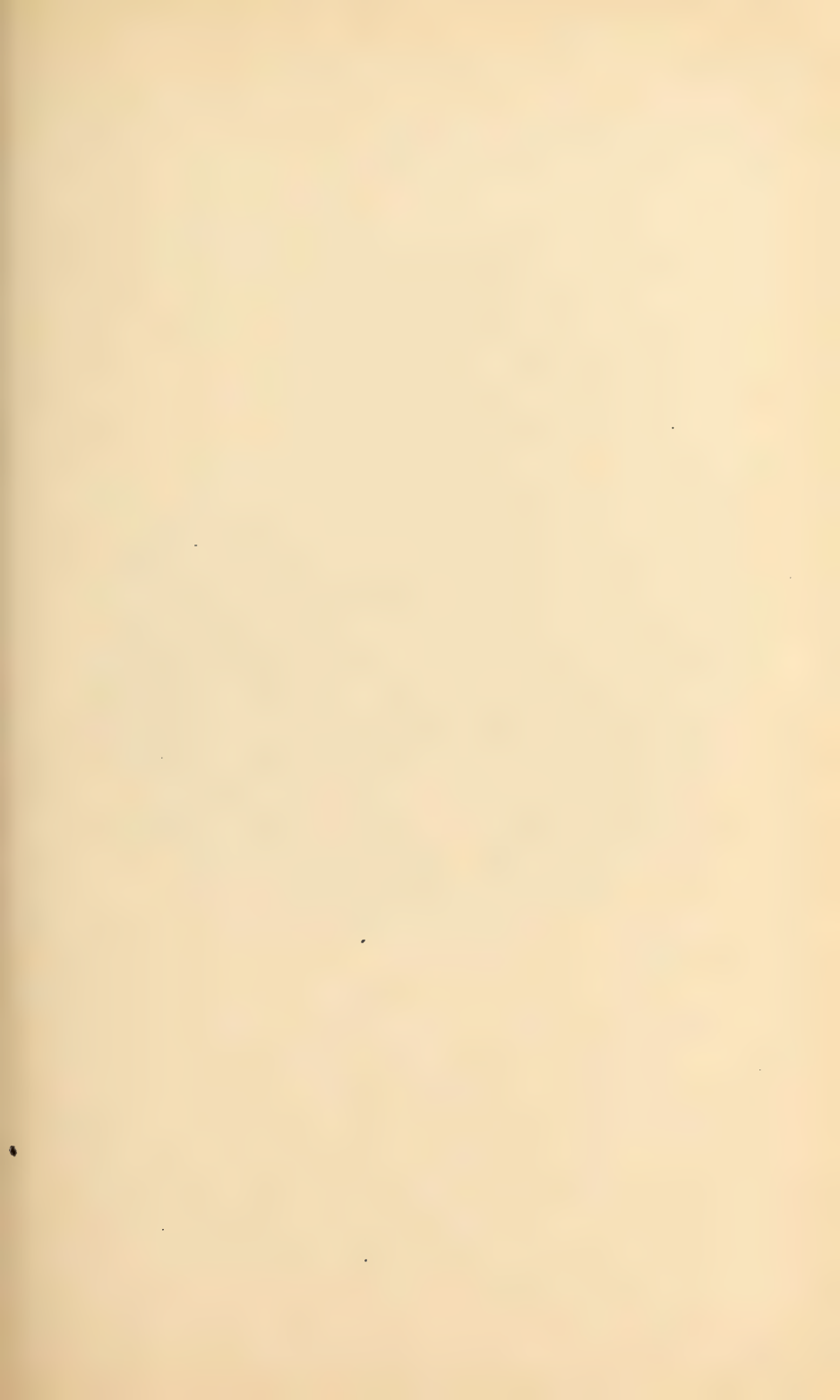
GEORGE E. FRANKLIN,

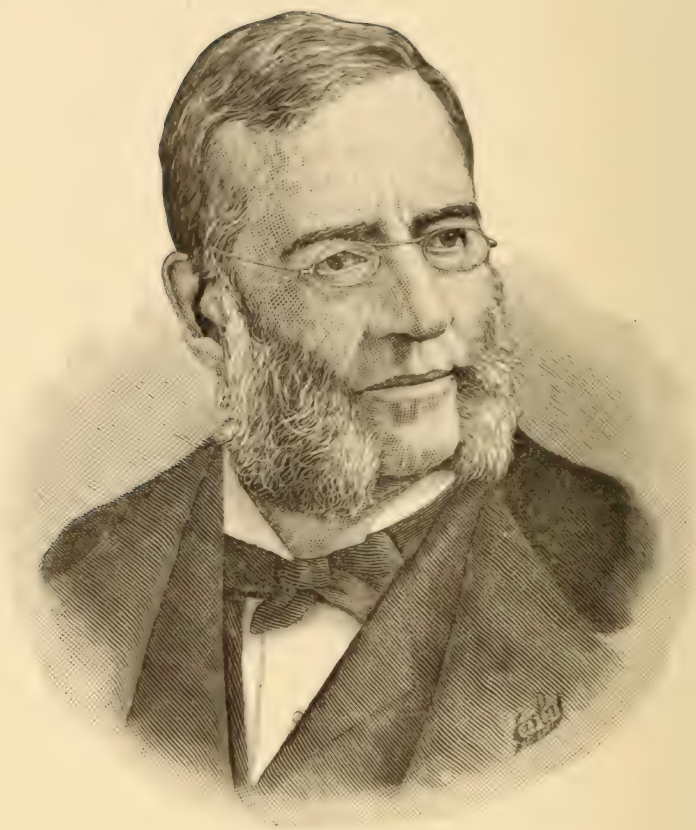
Sergeant Signal Corps, U. S. Army.

NOTES: Barometer reduced to sea level and standard gravity.

MEAN TEMPERATURE AND PRECIPITATION FOR JUNE, 1887.

	Mean Temp.	Precipitation.
Los Angeles	66.1	0.07
Olympia	57.0	1.00
Portland	60.0	1.40
Roseburg	60.0	.90
Red Bluff	77.0	.30
San Ramonito	69.0	.00
San Diego	65.0	.00
San Francisco	58.0	.10





Austin Flint

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. II. LOS ANGELES, CAL., SEPTEMBER, 1887. No. 9.

ORIGINAL.

PASADENA AS A SANITARIUM.

BY W. M. CHAMBERLAIN, M. D.,

Consulting Physician to Charity Hospital, New York City.

THE general climatic conditions of this portion of the State have been so often and so fully detailed in your journal and elsewhere that it seems superfluous to recite them here. If any reader desires to review them he is referred to the various, and now classic, papers of Dr. J. P. Widney*; to the reports of Dr. H. S. Orme, President of the State Board of Health; of Dr. Baker, Health Officer of Los Angeles; to Dr. Walter Lindley's, and to my own, papers published in the SOUTHERN CALIFORNIA PRACTITIONER, December, and to the successive articles of this year from the towns of this region.

TOPOGRAPHY.

The topography of Pasadena is sufficiently shown in the accompanying map and plat, kindly furnished by Mr. T. P. Lukens, of Pasadena, which should be carefully noted, in order to appreciate the following text:

The chain of great mountains along the top of the map, from southeast to northwest—from Bear Valley to San Fernando Tunnel—is known by the general name of the Sierra Madre. It is the link which connects the Coast Range with the greater range of the Sierra Nevada. It is about seventy miles long. Its peaks—San Antonio (Baldy), Cucamonga, San Fernando—are from 7,000 to 9,000 feet high, and the intervening crest line from 4,000 to 6,000 feet. It is mainly of granite rock,

*California Board of Health Reports, 1873, '80, '81, '82, '83, and SOUTHERN CALIFORNIA PRACTITIONER for January, February, March and October, 1886, and January, 1887.

NOTE—The writer is further indebted to Dr. O. H. Congar, Abbot Kinney, Esq., and Hon. B. S. Eaton, of Pasadena, for details presented.

often much calcined and metamorphosed by reheating. It is not a simple and single line, but a mass of mountains, having the same general strike or trend. It presents to us at Pasadena its almost precipitous wall, scantily covered with sage-brush and shrubs. Almost all the day the blazing sunlight rests upon its innumerable ridges, often bare, and the green ravines which divide them. Winding through and down its many cañons come the streams which feed the life and beauty of the plains below. It rises like a barrier between the arid desert on the eastward and the seaward slope of Los Angeles county. It shuts off the desert winds which, sometimes cold and sometimes not, are always dry and withering. It reflects the warmth of the southern and western sun. It arrests and condenses the water-laden clouds, which the trade-winds bring from the warm south-sea; and is the determining cause of the diurnal movement of the land and sea-breezes. After sunset the cooled air begins to flow down from the mountains toward the sea; by the middle of the forenoon the heated air rises along the face of the mountains, and the sea-tempered air moves mountainward to fill the vacuum. Rarely does either current become more than a gentle breeze of from four to six miles per hour. After sunrise and after sunset come two or more hours of neutralized currents, when the chimney smokes go straight upward, and one may carry an unshaded and unshaken flame whither he will. One who will be quiet, may have, from 11 to 3, what temperature he may choose. The mercury may stand at 110° on the outward face of the southern piazza, and at 78° on the outward face of the northern piazza.

Between the Sierra Madre and the coast, and, in a general way, parallel to both, is an often interrupted range of lower hills, called, as they go from the west to the east, the Santa Monica, Cahuenga, Verdugo, Arroyo, and San José Hills; and between them and the Sierra Madre is enclosed the wide and beautiful valley of the San Gabriel River and its upland terrace or bench. Pasadena, which lies in the angle between the Arroyo and the Sierra Madre, and is separated from the general San Gabriel Valley by a terrace about one hundred feet high at its western end, and slowly merging into the general plain as it goes eastward.

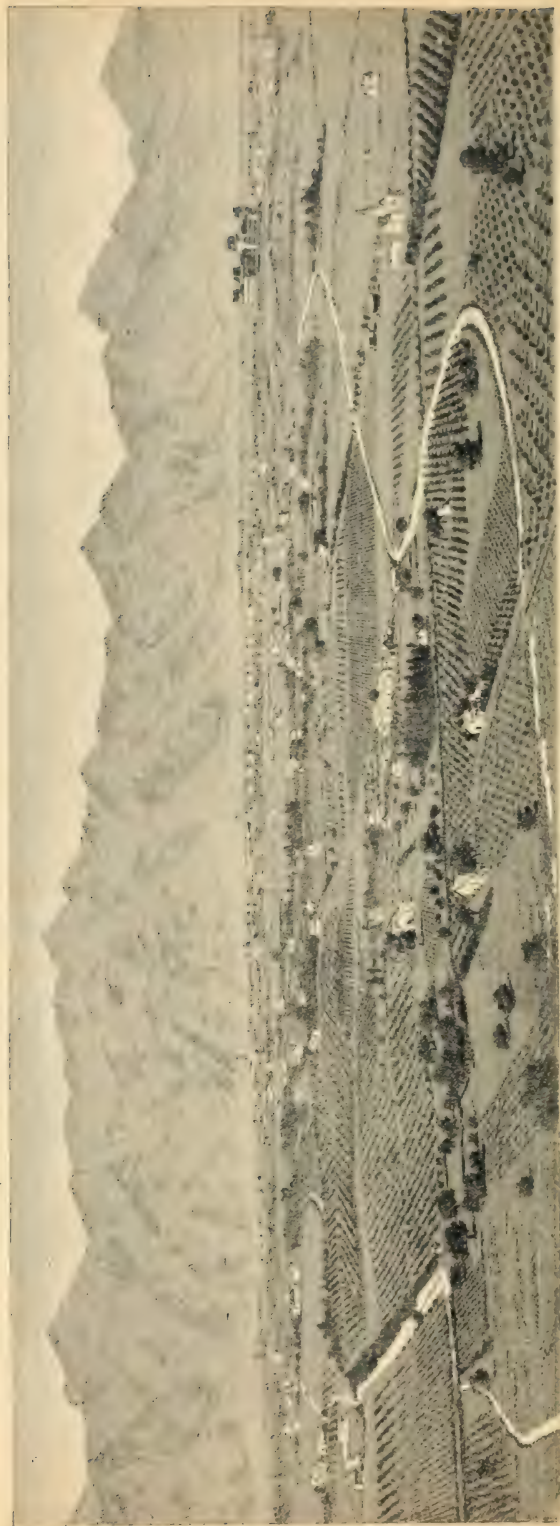
Pasadena, with its outlying districts of South Pasadena, Olivewood, Lamanda Park, Sierra Madre, and Monk's Hill, covers about twenty square miles.

SOIL.

The soil is a gray gravel, more or less mixed with a brown loam. It is light and porous, the waters go down and come up through it. It is said, on good authority, that there are large springs on the summits of the Sierra Madre, which must be fed by the waters of the far off Sierra Nevada. The surface drainage is small but the ground water is near: for in many places good wells are easily made, and the plains and hillsides here and there are studded with great oaks and sycamores, which go on in perennial growth through dry and wet years; and the groves and avenues of eucalyptus trees show some trunks a hundred feet high, grown from slips or seed in ten or twelve years. The soil produces freely all kinds of trees and fruits belonging to the sub-tropical and temperate zones. The apple and the apricot, the cabbage and the cactus, the grape and the guava, the oak and the olive, the pine and the palm, flourish side by side, each almost as well as in its native habitat.

WATER.

The water hardly appears in its natural channels. As it comes down from the mountain ravines it is drawn off, in open ditches and in pipes, and distributed for irrigation and domestic use. One learns the use and beauty of water here in a way and a measure which is seldom known in the East, for here the supply seems insufficient, yet there is more of it now than there used to be, and it is said to be capable of still further large development, by tunneling the hills, and artesian wells on the plains. The pressure in Pasadena is sufficient to carry it to the top of the highest buildings on the highest lands which are occupied. In its sensible properties it is tasteless, inodorous, clear, lustrous, free from gas, and of natural temperature. Analysis shows it to be a considerably mineralized water, containing enough of the alkaline salts to make it, in common parlance, rather hard. It carries 18.9 grains of solid matter to the wine gallon and would seem to be a feeble counterpart to the Carlsbad waters, as will be seen by the following comparison.



BIRD'S-EYE VIEW OF PASADENA.

ANALYSIS.

* By RAGSKY—Spradel Spring, Carlsbad, Bohemia.		+By HILGARD—University California—Sierra Madre water.	
		GRAINS.	GRAINS.
Total of Salts in wine gallon, 361.			18.9
Sulphate and Chloride of Sodium,	229.63		9.11
Carbonate of Sodium,	90.		0.4
Carbonates of { Lime,			
{ Magnesia,	27.62		9.4
{ Silica,			
Sulphate of Lime,	11.		0.0
Phosphates, Fluorides, etc., }	4.75		0.0
Iron, Strontium, etc., etc., }			
	361.		18.9

Thus the principal salts are the same and the ratio of their distribution, and of the total mineralization is, roughly, as 20: 1. Chemically, the water seems to be "deobstruent," *i. e.*, it is very slightly laxative and diuretic, but not to such a degree as to be noticed by those who are accustomed to it. It does not produce increase of urination in the diabetic, or in the earlier stages of Bright's disease. Organic contamination will be found in it if it is taken from the open ditches or from vegetating reservoirs, but is not found in that which is piped direct from the source. The later condition will soon be general in Pasadena.

RAINFALL.

The rainfall varies greatly in different years. The highest recorded is forty-seven inches in 1884; the lowest is five inches in 1876. Eighteen inches is considered a fair supply and is about the actual average. The rain falls largely at night. It is rare to see more than four rainy days in succession. The season for rain is from November to May, during which period there will be sixteen to eighteen rainy days, in "spells" of two or three days at a time, and an occasional rainy night between two bright days. It is rare that a whole day is cloudy; but cloudless weeks are common. Fogs are rare — dews are light, rarely noted except on low lands.

TEMPERATURE.

The temperature is less absolutely equable than in the neighboring sea-coast towns. As Pasadena is not a station of

* Reference: Handbook of Medical Science.

† Letter from Prof. Hilgard.

the U. S. Signal Service, and Los Angeles is, I take the records of the latter place—distant from Pasadena seven miles—and reproduce a table from my previous paper in the *SOUTHERN CALIFORNIA PRACTITIONER* for December, 1886.

The first vertical column gives the elevation above sea-level. This is to be borne in mind for the comparison, as it modifies all other conditions.

The second vertical column gives the number of days in the year in which rain fell—the least appreciable quantity, namely, one-hundredth of an inch, constituting a “rainy day.”

The third column gives the mean average per cent. of cloudiness, no day being called clear if at either of the three observations any clouds are observed.

Column fourth gives the mean relative humidity, saturation being 100.

Column fifth, the rainfall in inches.

The first column on the right gives the mean temperature of January and February, the two coldest months; the fourth on the right, the mean temperature of the two warmest months, July and August.

The last column, the mean annual temperature, which is not of much importance, since a place where the thermometer has a great range may have the same mean as a place where the range is but a few degrees.

	Elevation.	Rain-Days.	Cloudiness.	Humidity.	Rainfall.	TEMPERATURE.					
						Jan. and Feb.	March and Apr.	May and June.	July and Aug.	Sept. and Oct.	Nov. and Dec.	Mean.
New York.....	122	41	73	43	27	41	62	72	55	34	48
Aiken.....	885	132	37	55	51	45	56	72	81	68	49
Jacksonville.....	37	127	30	65	67	54	93	79	82	72	58
San Antonio.....	676	113	29	67	34	43	66	81	81	61	59
Los Angeles.....	359	51	28	97	16	54	58	64	65	62	55
	811	69	41	69	20	14	37	66	71	52	18
											43

St. Paul	57.
New York	45
Jacksonville	38.
San Antonio	38.
Aiken	36.
Los Angeles	11.

Difference of the Means of the two coldest and the two warmest months.
Algiers - 23.
Mentone - 33.

A much more instructive indication is obtained by noting the difference between the mean temperature of the hot and cold months, which is indicated graphically by the black

lines, and arithmetically by the figures attached. It thus appears that Los Angeles has fewer rainy days, less rainfall, a much more equable temperature, closely approximating the ideal mean of sixty degrees. In dryness of the air Aiken exceeds it, but it must be remembered that Aiken is ten times as far from the sea as Los Angeles, and that Los Angeles is considerably lower in level, and is, in fact not an average point for Southern California.

I esteem the comparative cloudiness, taken in connection with the mild and equal temperature, as most significant. Weber,* quoting from the "Proceedings of the British Royal Society for 1877 and 1878," says: "Light is inimical to the development of bacteria and the microscopic fungi associated with petrefaction and decay; the preservative quality of light is most powerful in the direct solar ray, but can be demonstrated to exist in the ordinary diffused sunlight; and the actinic rays of the speculum have the greatest effect. . . . In the higher animal organisms, when deprived of light, oxidation does not take place so energetically, tissue change and nutrition are impaired. . . . In winter an invalid in southern lands enjoys the sun and daylight for several hours longer than in high northern latitudes."

The long, bright day of Southern California, with unclouded sky, mild and even warmth, and gentle winds, invites the invalid to live in the open air and protects him while there.

There are considerable differences between the local climates of Los Angeles and Pasadena; due to the differing distance from the sea (eighteen and twenty-six miles) and the differing elevation (350 and 800 to 1000 feet). Humidity is one of the most important factors in local temperatures. It tempers the sun's heat and checks the earth's radiation. It lessens each extreme. It checks the rapidity of changes. In general terms the humidity varies immensely with the distance from the sea and the elevation.

From the best comparisons which I have been able to make, in the absence of definite records, I think the mean relative humidity of Pasadena is about 60° as compared with 70° or 72° in the coast towns of San Diego, Santa Barbara, etc. In the same way the annual and diurnal range

* Ziemssen's *Cyclopædia of Therapeutics*, vol. iv., p. 41, and *passim*.

of the thermometer would be about ten degrees greater than in the towns named. The high point moves up. Pasadena is hotter in the summer, but not colder in winter, than Los Angeles; the mean will therefore be higher. It is about 60° for the whole year at Los Angeles, and about 70° at Pasadena. The extremes are 32° and 100° at Los Angeles and 34° and 108° at Pasadena.

Many of the older residents declare that the summer climate is fully as enjoyable as the winter. June is not always warmer than December. 80° Fahrenheit in the dry and breezy air of Pasadena does not seem as warm as 75° in the humid and sultry air of the East.

CLINICAL HISTORIES.

In earlier days Pasadena was an outlying pasture ground of the San Gabriel plain, and subject to the administration of the Franciscan Mission of San Gabriel. For nearly twenty years, from 1830 to 1849, the Mexican governors curtailed the the authority, fed upon the revenues and parceled out the lands of the church.

When it became apparent that California would soon become part of the United States, Governors Alvarado and Pico made haste to distribute among their retainers and friends all the ungranted lands, and their grants were, for the most part, held valid by the Government of the United States. For the last twenty years these grants have been divided again and again and have come into the market. Thus, in 1873, about 1,500 acres, held under the Garjias and Wilson grants, were sold to a colony of Indiana people. The financial crisis of 1873 practically broke up the organization, but some of its members remained, and from 1873 to 1876 some thirty-five families, containing one hundred and fifty members, settled upon the territory and have remained there. To these have been added, particularly within the last three years, strangers enough to raise the population to somewhat more than five thousand, among whom the old-timers are dispersed.

There are no authentic records, in fact none of any sort, of the vital history of the original settlers; but by conversation with some of their number and a comparison of their statements, I have derived the following information. From the time and efforts given to verifying its points, I believe it closely approximates actual facts.

It must be remembered that a portion of these original immigrants came as confirmed invalids, a larger portion on account of their inability or unwillingness to endure the harsher climates in which they had previously lived. Such a community could not be assumed to possess average vitality or expectation of life.

They were obliged to create their homes on the new and arid soil of an upland plain. Only gradually did comfortable houses replace the tents and shanties and "adobes" in which for years they were harbored. Such conditions do not seem to offer average protection to infancy and age and feeble life.

But the record seems to say that there were thirty-five families, comprising, with children brought with them and children born here, one hundred and forty-nine persons.

Allowing ten years as the average period of residence, and multiplying 149×10 , we have 1,490 years of aggregate life. In these families thus aggregated, including old, the diseased and the infants, there have occurred, in ten years, thirteen deaths; less than one per cent! Most of these were from causes quite independent of local influences. Thus, the causes of death given are, cerebral tumor, one; diabetes, one; apoplexy, one; diseases of the lungs, four; old age, one; heart disease, four; children, four; thirteen in all.

Several cases, said to be "diseased lungs," have issued in permanent recovery. There has been no cases of "consumption" among children born here, although hereditary predisposition must be presumed for many. There has been no death in these thirty-five families from typhus or typhoid fevers, diphtheria, measles or whooping cough. In the whole community, numbering now nearly five thousand people, I have been able to learn of but four deaths from scarlet fever and one from diphtheria in ten years. Twice in the last ten years there have been local evidences of diarrhea and dysentery, mild in character and without mortality; also a few cases of typhoid fever, all traceable to local causes—water contamination from open ditches and neglected reservoirs. These causes were promptly removed, with speedy suppression of the disease.

It has been thought that miasmatic diseases are likely to come in, as the irrigating water is spread over an annually

increasing area, and the land is shaded by increasing areas of orchards and groves.

There are reasons for doubting the truth of this assumption. In one of the oldest orchards lives a family whose eight children have been reared on purely irrigated land. There has never been among them one case of miasmatic disease; though some of them are now adults. A few years since an ague-stricken colony of forty-three persons was brought from the "bottoms" of the Tombigbee River, in Alabama, and placed on the oldest, lowest, and dampest ranches of the San Gabriel region. For two years ague was rife among them, but the residual effects of their former abode have been eliminated, and now ague is either unknown or very rare among them. A great improvement in their general appearance is noted.

It would be hard to find anywhere a better developed and more wholesome looking body of children than you may see in the public schools of Pasadena.

Thus we may conclude that the vital record of the place, up to the present time, has been very exceptionally good. Henceforth the population will contain a large number of persons who have been sent hither as a forlorn hope—a last resort—and mortality from chest diseases may be very large. It is with a melancholy and embittered sense that the local medical men recognize that so many are thoughtlessly or cruelly sent only to die among strangers and far from all the resources of home.

Having thus considered the physical advantages of Pasadena, it remains to notice the social and municipal privileges and attractions which figure so largely in the choice of a residence or temporary abode.

It is proper to say that the present writer is not a resident, but a visitor, now for the second winter.

The boundless faith and enterprise of the citizens in this direction have secured remarkable results. More than \$100,000 have been raised within the past year for church construction. There are six or more churches already, and four more are under contract. One of them is, and two more will be, such as would be considered an ornament to any eastern town or city.

A system of well equipped schools with good buildings culminates in a high-school, for which an ample and elegant building is completed.

There are three banks, overflowing with money, which during the last six months has resulted from real estate transactions, which go up into sums of seven figures.

Four street railways in operation, and as many more undertaken or projected, radiate from the center of the town to all points of the compass; and the great trans-continental systems of the Atchison, Topeka and Santa Fé, the Atlantic and Pacific, and the Southern Pacific enter the town, and are soon to build, on the principal street, large and elegant stations, to accommodate the great and increasing passenger traffic with all points of the country. This traffic will then no longer need to pass through Los Angeles, which is but eight miles distant, and has railroad facilities which compare with those of Rochester or Indianapolis.

There are miles of well constructed concrete side-walks, and they are being laid in all directions.

There is a well organized and rapidly increasing public library. A Young Men's Christian Association building and a theater will soon combine in the education of the young folk.

The shops and markets are adequate to the present, and are expanding to meet future demands.

Two "palatial" hotels, with accommodations equal to those of our best watering places, are in operation, and in the present season have been obliged to refuse almost as many guests as they admitted; smaller hotels are springing up all about, some are very pretty. There is an insufficient number of private boarding-houses with a tariff of from ten to twenty dollars per week. There are "Furnished Lodgings" of all qualities, tolerable and intolerable restaurants, where one may be fed or famished, at discriminate prices.

The social life of the place is peculiar. The community is composed of former residents of every State in the Union, and most of the nations of the globe. The Mexican type of Indian, the Hong Kong type of Chinese, and the Carolina type of Negro furnish the lower ranks of labor, and are much more decent and civil than the similar class in Eastern cities. Mechanics, artisans and gardeners are mostly Americans, or Germans of very good class. Proprietors and agents, etc., etc., are largely recruited from the Northwestern States, Iowa taking the lead.

There are many people from the older States whose education, property and taste have their fair influence in forming society. Cleveland, Chicago and Minneapolis are well represented; and there is a faint and vanishing savor of the older Californian life.

Altogether it is a spirited and highly cosmopolitan community; how conservative it is appears from the fact that there is, I believe, but one saloon where liquors are sold by the dram; and how aesthetic—from the general cultivation and use of flowers, and the very pleasing and frequent musical and dramatic entertainments.

Nowhere else in California does a more wide and fertile plain invite man's cultivation; nowhere else does the pulse of travel and traffic beat more visible and constant; nowhere else is a serener sky bent above a fairer landscape; margined and sentineled on one side by the green and much earven hills and snow-capped mountains, and on the other by the far-shining sea.

The dweller in Pasadena fully and fervently believes that his home is, and is evermore to be, the delight of all eyes and the desire of the whole earth.

SUCCUS ALTERANS.

BY W. L. WADE, M. D., FORMERLY PRESIDENT OREGON STATE MEDICAL SOCIETY.

DURING the years 1885 and '86, while physician of the Oregon State Penitentiary, I selected from the large number of inmates undergoing treatment for syphilis ten patients as nearly average as possible in regard to duration, severity, and general condition of health. These ten were at once placed on a treatment by the McDade mixture, the medicine being manufactured by Ely Lilly & Co., of Indianapolis, Indiana, and was given strictly as directed by Dr. McDade.

Every precaution was taken to give the remedy a fair test; no other medicine was given during the course of treatment, except a few doses of purgative medicine given when required, care being taken to exclude mercury. The treatment was kept up for two months, at which time not a symptom had abated in

the least degree. At this time half of the number were placed on 1-6 grain pills Hydrarg. Iod. The method adopted in giving the pills was to give three the first day, and increase one pill each day until nine were given; then for the following week no pills were ordered, but instead a good tonic of iron, cinchonidia and strychnia. This week of treatment was closed by a brisk cathartic, after which the pills were again given as before. Less than a week of this treatment relieved the more urgent symptoms in every case. None of the cases were treated longer than six weeks, as there seemed to be no indication for anything further at the time. Five of the original number were continued on the McDade mixture for a month longer, at which time no effect being apparent, four more were dropped from treatment. One patient suffering with tertiary syphilis, contracted from an Indian woman in Alaska, was kept on the treatment for fully six months without appreciable benefit. One patient with engorged and ulcerated cervical glands grew better under the use of the medicine.

The results of treatment by the McDade mixture in secondary and tertiary syphilis were so much less than I had been led to expect from the great names which indorse it, and the strings of testimonials which have been published, that I was completely disappointed. It may be possible that in private practice with the totally different surroundings in these cases, that the remedy might prove more useful; but in prison and army hospitals we must look further before giving up mercury and iodide of potash and their compounds.

After I had made use of the McDade mixture and arrived at the conclusions above given, I began to look around to see what others in charge of public institutions were doing with the new treatment. The first report received was from Dr. John Godfrey, of the U. S. Marine Hospital Service. His experience was exactly similar to my own. No result at all; the disease was not modified in the slightest degree. Dr. Glenn, of Nashville, Tenn., and Dr. Douglass of the U. S. Marine Hospital Service, after large and careful experience, came to the same conclusion — complete failure. This is the result also of a series of experiments made by Dr. J. W. Martin, of England, who, though seeing nothing in his own experiments of an encouraging nature, yet hopes that further tests may develop valuable qualities.

A number of reasons have been offered for the failure of a remedy which was so successful in the hands of ignorant men like Lawson. The change of preparation from a simple decoction containing a large amount of water, to fluid extracts and tinctures, is perhaps the real reason. All the alteratives succeed best when large quantities of fluids are taken with them. Water alone is a great cleanser of the blood, and much of the reputation acquired by such health resorts as the Arkansas Hot Springs is doubtless owing to the quantity of fluid taken into the system daily and the thorough washing of the tissues which results.

Dr. Toland, of San Francisco, who was very successful in treating syphilis, caused his patients to drink several pints of Zitman's Decoction daily.

237 S. Spring street, Los Angeles, Cal.

ANALYSIS OF ONE THOUSAND REJECTED RISKS IN LIFE INSURANCE.

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THE following analysis is interesting as it not only illustrates the great care first-class insurance companies exercise in the selection of their lives; but because it shows further that a large proportion of men do not realize that they fall below the standard of health until the medical examiner rejects them as unsafe risks. Life insurance companies as careful, practical business organizations cannot afford to accept an applicant who does not closely approach their recognized standard; large experience has demonstrated that a man's health and length of life depend chiefly upon certain definite physical proportions; his personal examination, and hereditary influences; his place of residence, habits, occupation, etc. And, other things being equal, that company is most successful which is most strict in its medical examinations and most closely scrutinizes its applicants.

The figures here given were taken from the records of the

largest and most prosperous life insurance company in the West and must therefore be regarded as authoritative and valuable.

In the large majority of these rejections the ground for declining the risk has been the conjunction of two or more unfavorable elements in the applicant's examination. When the applicant's personal history was first-class, a single dangerous factor in his family history — as a solitary instance of cancer or consumption — was not regarded as sufficient cause for rejection, although extra rates might properly be charged. But if several unfavorable or suspicious factors coexisted, the risk was looked upon as hazardous, even when his personal examination revealed no disease nor especial susceptibility. When, on the other hand, the personal history revealed a recent hemoptysis, or an unusual liability to "catch cold," the risk was properly declined, even with a good family history.

In estimating an applicant's expectancy it is just as necessary to carefully consider his family record and the disease, habits and tendencies which this reveals, as it is to examine the man himself with reference to present and past history. The severest test to which the examiner's ability can be put, is in deciding how far, in a given case, an ancestor's temperament, physical and mental characteristics and peculiarities are transmissible; and how far inherited and acquired diseases and habits may be outgrown by the individual. The successful life insurance examiner must have the education and experience of a first-class physician; but it is equally important that he be endowed with a logical mind and training which will enable him to weigh the evidence for and against an applicant, and to decide whether or not he is a safe risk for the company.

This judicial element in the physician is the most important requisite to his success as a medical examiner.

In these one thousand rejections we find 883 factors are noted under the head of the personal history; while in the family histories of the applicants, 1399 unfavorable elements were observed. These were distributed as follows:

ANALYSIS OF ONE THOUSAND REJECTED RISKS.

CAUSES—I. PERSONAL HISTORY.

1. DISEASE.	(a) <i>Respiratory.</i>	Asthma.....	39
		Catarrh.....	25
		Cough.....	60

	Hemorrhage.....	47
	Pleurisy.....	10
	Pneumonia.....	44
	Sore throat.....	15
	Slow respiration....	3
(b) <i>Cardiac.</i>	Heart disease.....	19
	Irregular heart....	47
	Rapid heart.....	20
(c) <i>Digestive.</i>	Diarrhea.....	7
	Dysentery.....	4
	Dyspepsia.....	7
	Fistula.....	7
	Hernia.....	18
	Hemorrhoids.....	12
	Liver disease.....	10
	Urinary.....	35
(d) <i>Cerebro-spinal.</i>	Brain disease.....	6
	Curvature of spine.	4
	Epilepsy.....	6
	Neuralgia.....	10
	Paralysis.....	4
(e) <i>General.</i>	Chills.....	1
	Deaf, dumb, etc....	15
	Enlarged thyroid...	1
	Night sweats.....	1
	"Bad health".....	62
	Rheumatism.....	20
2. INJURIES.	Arm injured.....	4
	Arm lost.....	7
	Leg lost.....	3
	Head injury.....	4
3. MISCELLANEOUS.	Light weight.....	88
(a) <i>Asymmetry.</i>	Heavy weight.....	34
	Small chest.....	1
	Insuff. expansion...	7
(b) <i>Occupation.</i>	Miller.....	1
	Saloonist.....	20
	Washwoman.....	1
(c) <i>Habit.</i>	Intemperate.....	44
(d) <i>Uterine.</i>	Climacteric not pass'd	6
	Pregnant.....	10

4 UNCLASSIFIED.

Tedious labors 1
 Insufficient history .31
 Other form offered .39
 Withdrawn 23

II. FAMILY HISTORY.

	Father.	Mother.	Grandparents		Brothers.	Sisters.	Uncles.	Aunts.
			Paternal.	Maternal.				
1. DISEASE.								
(a) Respiratory	143	200	12	10	112	133	28	25
(b) Cardiac	12	3						
(c) Digestive	47	37				2		
(d) Urinary	13	3						
(e) Cerebro-spinal.	38	16	1		7	4		
(f) General	16	7						
2. MISCELLANEOUS.								
(a) Short-lived.	118	150	9	4	59	60		
(b) Indefinite history.	32	59	7	16	6	10		

Almost one-fourth of the rejected applicants had at the time of examination, or had previously, some serious or at least suspicious disease of the respiratory system. And in the family histories we find 663 persons had pulmonary consumption. This is a startling exhibit of the prevalence of these diseases. Consumption, of all diseases, is the one which insurance companies most fear. For, owing to the latency of the disease, and to the carelessness of examiners in properly appreciating what are possibly trifling symptoms (apparently), there is a greater mortality from pulmonary phthisis among insured lives than among the general population. In England in 1871 eleven (11) per cent. of the deaths were due to consumption; with the Briton Life Company (18.8) eighteen and eight-tenths per cent. was due to the same cause. In view of these facts it is proper for examiners to exercise the greatest care in estimating the true bearing and significance of what may appear to be unimportant symptoms. And it may not be out of place to remind the examiner that, in both the personal history and the family history, consumption is often masked under the names of "bronchitis," "inflammation of the lungs," "change of life," "child-birth," etc.

Thirty-nine applicants were subject to asthma or attacks of dyspnœa; they were consequently not insurable.

Forty-seven had hemorrhage, probably from the lungs. This symptom is universally recognized as of such grave import that applicants are loth to acknowledge its occurrence; and there is a natural tendency to attribute the bleeding, in many cases, to the throat, the nose, or a tooth. And in this erroneous opinion they are often encouraged by the mistaken kindness of a generous examiner. This is particularly the case if the examiner is at the same time the usual medical attendant of the applicant; he is inclined to favorably modify a really serious diagnosis. Consequently every case of spitting blood should be carefully considered, and its real cause and significance appreciated. The bleeding may indicate merely a single attack of acute ulcerated sore throat or a temporary and unimportant bleeding from the nose or a tooth; though even bleeding from these sources, if frequent or profuse may point to a dangerous hemorrhagic tendency. Again, the hemorrhage may come from the stomach, and is not necessarily a cause for rejection, except when repeated attacks occur. Finally, hemorrhage from the lungs, if recent, should always lead to declining the risk; the most successful insurance companies, however, accept an applicant who has had no recurrence of the hemorrhage within seven years; provided, of course, his examination in other respects is satisfactory.

Cough is a very indefinite symptom, which was instrumental in the rejection of sixty applicants. While a temporary, transient cough is insignificant, if it becomes persistent or severe it is a very suspicious symptom, pointing to serious lung disease; or to an irritable condition of the throat, which itself is an unfavorable indication, often being the most prominent symptom in tuberculosis or syphilis; or, thirdly, the cough may be nervous, showing disease of the nervous system, or being reflex in character, particularly in females, where it often signifies disorders of the reproductive system.

In all cases of persistent cough, therefore, we are justified in suspecting the existence of a disease directly or indirectly tending to shorten life.

Catarrh was a factor in twenty-five rejections. Simple nasal catarrh alone is not a sufficient cause for rejection. But if it has been persistent it should be regarded as ominous; for so-called catarrh is often a symptom of scrofula, syphilis, diseased bone, tuberculosis; or it may show an unusual susceptibility to diseases of the respiratory tract.

Pleurisy was a factor in ten instances. A single attack of pleurisy should not cause rejection. For if it did, very few men indeed could be insured; the large majority of autopsies show indications of the existence of pleuritic attacks during life, having caused so little inconvenience in some cases that no pulmonary trouble was complained of. But if the applicant has had repeated attacks of pleurisy; or if the respiratory functions are at all impaired, rejection is proper.

Acute pneumonia—a single attack—would not reject. But if the individual has had repeated inflammations of the lungs, by whatever name called, the risk is undesirable; especially so when the family history shows liability to pulmonary trouble.

Sore throat was an element in rejecting fifteen applicants. Chronic sore throat, particularly chronic laryngitis, usually indicates either tuberculosis or syphilis; a persistent hoarseness points to the same causes. An unusual tendency to sore throat or to "taking cold" in its several forms, indicates as a rule weak lungs; and applicants thus affected are of course undesirable risks.

Slow respiration is one of the rarest causes of rejections. The normal adult rate of respiration is 17 or 18 per minute; when it is constantly over 20 it almost invariably points to lung disease. On the other hand, in some acute diseases of the throat the rate falls to less than fifteen per minute. But aside from acute disorders, slowness of the respiration is due to disease of the respiratory centers or to pathological changes in the course of the nerves of respiration. Consequently if respiration is constantly much slower than normal, rejection is warranted. Heart disease was an element of rejection in eighty-six cases. In nineteen instances the difficulty was called merely "heart disease," without even indicating whether it was structural or functional. The same vagueness of diagnosis is involved in the term "irregular heart"; this irregularity may be due to nervous excitement, reflex action—as from dyspepsia—or to the more serious valvular diseases. Whenever this indefiniteness of diagnosis exists, it is best to reject the risk. Merely functional disease would not reject, though it would properly delay the issuance of a policy until the suspicious symptoms had disappeared. Most structural changes of the heart demand rejection; yet the subjective symptoms may in no manner be of sufficient gravity to indicate serious heart dis-

case; and it is proper for the examiner to bear in mind that while very alarming sensations and symptoms are oftenest indicative of the less dangerous forms of heart disease, the really grave diseases are comparatively free from these alarming subjective indications. It is common for dyspepsia, in itself, not as a rule dangerous, to cause severe pain in the epigastrium, with palpitation and a feeling of suffocation. The patient is apt to attribute these symptoms to some fearful heart disease. And again, nervousness may cause palpitation and other disturbances which in many cases are attributed to disease of the heart.

The ordinary pulse rate varies, in the adult, from 70 to 76. If it is over 80 when the individual is at rest and unexcited, our suspicions should be aroused. But it should always be remembered that simply undergoing a medical examination may agitate the applicant and accelerate the pulse. And this remark is especially applicable to healthy persons, who, from having never been sick, have not gotten acquainted with physicians' methods of examination. Such persons, of course, are so far, our best risks. Normally, the pulse is faster after meals, after exercise and toward the end of the day. When standing the rate is from four to eight beats per minute faster than when seated. A very slow rate points to disease of the nervous system.

The digestive and urinary systems were factors in one hundred and ten cases. Diarrhea or dysentery, if chronic, or if repeated attacks of the acute disorder have occurred, always call for declining the application. Dyspepsia, in itself, is not often a cause for rejection; though its existence should excite suspicion, for we must bear in mind that it is often the earliest indication of consumption. Aside from this it may indicate an unsafe irritability of the digestive system, and then, if the family history points to similar trouble, the applicant should either be charged a higher rate or be altogether declined.

Fistula usually is a curable disease, but it may be the index of either rectal or hepatic disorders, or even phthisis; and if conjoined with a personal or family history which strengthens this possibility, the applicant is an unsafe risk. Hemorrhoids indicate essentially the same condition and are to be considered with the same care. "Liver disease" in the popular mind is a perfectly definite pathological condition; and the same unvarying

accuracy characterizes the term "bilious." Scientifically under these vague heads are included acute or chronic congestion or inflammation of the liver in whatever tissue or part of the organ situated; also abscess, tumors of various kinds, hydatids and morbid growths; the effects of injuries and chemicals. Also various conditions of the gall sac and the ducts. All of these conditions may be carelessly described as "liver disease." Some of them are trivial in their consequences, but others of the gravest import. The examiner should as accurately as possible indicate the true pathological condition, otherwise a really good risk may be rejected, owing to the existence of an indefinitely described disorder, which in reality is of no danger whatever.

Hernia existed in eighteen cases. Reducible hernia is not sufficient cause for rejection; but the applicant should always be required to wear a proper support. We can hardly say such an injunction is unnecessary when we bear in mind that with even intelligent people an ever present danger ultimately loses its terrors, and watchfulness and care are neglected.

Diseases of the urinary system characterized thirty-five cases, chiefly acute albuminuria, cystitis and urethral stricture. Of course the existence of any disease will lead to deferring the insurance until the applicant's recovery. But it is well known that the most dangerous forms of Bright's disease may be unattended with albuminuria; here the diagnosis will have to be based on the other general indications. When the specific gravity of the urine is high, diabetes must be suspected; or a condition of mal-assimilation characterized by azoturia. An over-careful examiner should always bear in mind that by such a delicate test as that with sodium hydrate a trace of sugar can often be found in healthy urine after a rich meal or the ingestion of alcoholic stimulants. This temporary presence of sugar in such cases must be regarded as normal, and in no case interfere with acceptance of the risk.

A comparatively small number of rejections were due to diseases of the nervous system. Serious attacks of some form of brain disease occurred in six cases. It is customary and proper to reject an applicant subject to headache, or to frequent cerebral congestion, or to dizziness due to brain disturbance. Curvature of the spine is another occasional cause of rejection. It is always a bar to insurance.

Six cases were epileptics, and were therefore not insurable. While epilepsy is not itself necessarily a fatal disease, it greatly imperils the life by entailing constant and dangerous accidents against which no precautions can avail.

Neuralgia does not prove fatal ordinarily; but is a suspicious symptom. For, when persistent or occurring repeatedly, it tends to shorten life, through exhaustion. And moreover, it indicates an unnatural susceptibility of the nervous system; a weakness which in one generation is personated by neuralgia, in the next may become epilepsy or insanity. Consequently the undue frequency of neuralgic attacks should always lead to caution in accepting the risk.

Paralysis may not shorten life. But when we recollect that it may indicate the atheromatous artery, or unsuspected heart disease, or a special tendency to apoplectic attacks from whatever cause, its danger becomes apparent. Besides, paralysis renders the person more or less helpless and unable to properly take care of himself, both in procuring sustenance and in avoiding accidents which would not befall him if well. And in most cases there exists the possibility that the pathological lesion may extend, and thus lead to still wider-reaching disorders and dangers. Consequently paralysis is one of the most serious and objectionable diseases that can affect the applicant for life insurance.

Ten per cent. of the applicants were affected with general diseases and injuries. Sixty-two persons were in "bad health," and of course could not be insured until well. In one case repeated attacks of chills and fever warranted at least delay in accepting the risk.

One rejected applicant had an enlarged thyroid gland; and one had "night sweats." Probably a much larger number had night sweats, but some more prominent symptoms of phthisis served as a cause of rejection.

Rheumatism was a factor in twenty cases; of the various forms of this disease the most dangerous is articular rheumatism, which is so frequently associated with serious heart lesions. Repeated attacks of acute articular rheumatism demand in the most favorable extra rates; and absolute rejection is warranted when the family history contains a large amount of diseases of the circulatory system.

Fifteen persons were deaf, dumb or blind, and were therefore

undesirable risks. If, in addition to these misfortunes, other unfavorable elements enter their history or that of their families, they are not insurable. It is customary to charge ten years extra for blindness. For deafness, many companies make no extra rate; yet when we consider the very great dangers from accidents to which deaf persons are exposed, it would seem proper to add five years for this defect. For serious injuries and losses of limbs it is customary to make an additional charge; because the person is more or less liable to accident and can less carefully guard his health. And aside from this, we must remember that many accidents which lead to permanent injuries or necessitate surgical operations can be traced either to a dangerous occupation, to intemperance or unnatural carelessness of the applicant; or to hereditary disease of some form. Therefore especially careful inquiry is necessary in the examination of an applicant who has suffered any injury or been subjected to a surgical operation.

Aside from diseases and injuries other most important considerations relate to the applicant's physical proportions, occupation, habits, etc.

We find that eighty-eight rejected applicants were under weight—varying from 9 to 33 per cent. lighter than the standard. A persistent light weight or worse still a weight which is progressively diminishing, is always a suspicious feature in a case. Loss of weight is often one of the first indications of pulmonary consumption. And insurance experience proves that almost invariably applicants more than 15 to 20 per cent. light in weight are unsafe risks; this is the case even when a careful examination shows no other personal nor family objection to the applicant. But when the family record shows a tendency to pulmonary weakness, even a less variation from standard weight is a grave element in the applicant's history; such a risk is of course made extremely hazardous if the applicant is affected with dyspeptic troubles or other early signs of phthisis.

Excessive weight is a less common condition; thirty-four applicants were over-weight, varying from 12 to 41 per cent. above the normal standard. In all these cases most careful inquiry should be made with reference to personal and family liability to cerebral congestions, dizziness, headache, hemorrhages, cardiac difficulties, etc. Paralysis, apoplexy and heart

disease cause a majority of the deaths of persons of excessive weight. It is rarely safe to insure a person who is more than 20 per cent. heavy. But in all cases due attention must be paid to the relative amounts of bone, muscle and adipose tissue.

In one case the applicant's chest measurement was so small as to cause rejection. A more common cause of rejection, however, is insufficient expansion. When in an adult this is less than two inches, it must be regarded as unsafe; for an undeveloped chest is more liable to pulmonary disease than one which is developed and expanded.

A man's occupation has much to do with his longevity. In our analysis, twenty applicants were rejected because they were saloon-keepers, or otherwise engaged in the traffic of alcoholic liquor. Such men are by all companies regarded as unsafe risks, owing chiefly to the temptations to which they are subjected.

One miller and one washwoman were rejected as having occupations tending directly to shorten life.

Forty-four were rejected on the ground of intemperate habits; chiefly with reference to alcoholic drinking; intemperance is universally regarded as proper cause for rejection and requires no comment.

Sixteen women were asked to wait until the climacteric was safely passed or until a looked for pregnancy was over. These are regarded properly as dangerous periods in a woman's life, and the precaution is therefore necessary. Most of these applicants, in all probability, would subsequently be good risks. One woman was rejected on account of having had tedious labors; such an applicant, if at all insurable, would not be a safe risk until after the climacteric.

In eighty-eight cases the application was either withdrawn or changed in form, or the examination was incomplete and the policy was not issued.

In regard to the family history in these cases the most prevalent diseases were those of the respiratory system; 663 relatives of the applicants were affected with this class of diseases, 295 males and 368 females. In 143 cases the father and in 200 cases the mother died of some disease of the organs of respiration. These figures represent approximately the usual relative liability of men and women to consumption; the tendency to this disease being 14 per cent. greater among females than males.

The importance of careful inquiry into the family history is evident when we recollect that of all cases of pulmonary consumption, 60 per cent. are inherited, if not directly, indirectly or through atavism. With the leading insurance companies it is customary to reject the risk if two members of the family have had pulmonary consumption. But if one parent has the disease or has died of it, the applicant may be acceptable if his own history is first-class, though from 5 to 10 years is properly added to his age, and he pays a correspondingly larger premium. In this connection it must be remembered that the mother is ten per cent. more liable to transmit the disease than is the father; and also daughters are more apt to inherit it than are sons.

Of the various forms of heart disease the family history shows but fifteen instances, which is obviously much too small a number to truly represent the relative frequency of cardiac and respiratory diseases. These fifteen cases were confined to parents of applicants, other relations showing no history of such diseases. The truth of the matter is that a very much larger number of applicants' relatives were affected with heart disease, but incorrect diagnosis and imperfect history is responsible for the obviously wrong number given here.

Diseases of the digestive system in eighty-four instances caused death of parents, and in two cases sisters died from the same cause — the latter number being suspiciously small. Diseases of this system are not ordinarily considered hereditary; though a weakness or vulnerability of the digestive tract may unquestionably be transmitted. When several members of the family present an unusual susceptibility to diarrhea or dysentery, or jaundice, or dyspepsia, unusual care should be taken in the examination of the applicant.

A very small number of applicants presented a family history of death from diseases of the urinary organs. Bright's disease and cystitis were the chief causes of these deaths. But they are not to be regarded as directly hereditary; though with these as with the more numerous diseases of the digestive tract, a weakness or peculiar vulnerability may be transmitted. When therefore, in addition to an unfavorable personal history indicating renal or urinary weakness, we find a parent or other near blood relative affected with the same disease, we must

regard the risk as very hazardous; and in most cases it should be declined.

Cerebro-spinal diseases occupy a tolerably large space in the family history of these cases. A tendency to apoplexy, insanity, epilepsy and other forms of nervous disease is recognized as directly transmissible. The chances are much against an applicant whose parent, brother or sister has been insane, or died of apoplexy, or in some cases, if a near relation has had epilepsy. But when two members of the family have had one or the other of these diseases, the absolute rejection of the risk is justified; it is only in case of perfect health personally that the applicant may be accepted.

A large number of relations are characterized as having died of general diseases, which are transmissible though to a slight degree. A very large number are described as being short-lived. Where parents and other near relatives show a marked tendency to early death, the applicant is an undesirable risk. Though such an applicant may present no particular symptom which would lead an ordinary examiner to be suspicious, yet upon careful inquiry it will be found that he has a dangerous inability to resist disease. This condition in conjunction with unfavorable family history renders the applicant an unsafe risk.

Where the family history is indefinite, as it is in a large number of these cases, the benefit of every doubt should be given to the company. For, aside from willful misrepresentations, there is a strong disposition among even honest, charitably inclined people to underestimate and understatement dangerous or unfortunate elements in a medical history. If a relative has died of an injury received when drunk, his friends are apt to shield his weakness by saying he died from an injury, not mentioning the important habit which his drunkenness reveals. While, of course, a father's death from an injury could in no way affect his son's health, a taste for drink or dipsomania is well-known as a transmissible disease. Hence in a case of this kind a knowledge of the father's habits is more important to the medical examiner than is the cause of death.

And as time passes, an ancestor's ailments and diseases are lessened in magnitude and seriousness, and, as a result, even a well-meaning person may unintentionally misstate or fail to mention essential features of a history. For these reasons it is a just and proper rule in all cases of doubt or uncertainty to decline taking the risk.

THERAPEUTIC AND SURGICAL NOTES.

BY ROBERT W. HAYNES, M.D., LOS ANGELES.

The Modern Treatment of Gonorrhœa.—Dr. Brewer, of Roosevelt Hospital, has had excellent results from irrigation of the urethral canal with warm solutions, ranging from 1 to 6,000 to 1 to 10,000 of bichloride of mercury. Of thirty cases of acute gonorrhœa, recovery took place in *all* within two weeks, the average being 7 7-9 days. In eight cases of chronic gonorrhœa the discharge ceased in all within 9 2-5 days. Two quarts of the solution, commencing with a temperature of 98°, thence as hot as the patient can bear, should be used twice a day, flowing from a fountain syringe.

Dr. Schwartz (Sammburg *Klinischer Vortraege*, No. 279) uses a modification of this treatment for gonorrhœa in the female, that consists in cleansing the vulva and vagina with a solution of corrosive sublimate, 1 to 1,000, then thoroughly rubbing the mucosa with a 1 per cent solution, to remove the affected external layers of epithelium; the parts are finally covered with iodoform and tamponed with iodoform gauze. The application is repeated bi-weekly and cleanliness is insured, after the second dressing, by vaginal injections of corrosive sublimate, 1 to 5,000, that are continued two weeks.

Küssmaul's Treatment of Intestinal Obstruction proved efficacious in a tabetic man, who suffered from stertoraceous vomiting for ten days, with enormous abdominal distension, and complete obstruction of the bowels. The stomach was washed out twice daily for ten days, with complete relief of vomiting and hiccough for several hours after each irrigation. No stool until the tenth day.

Establishment of Natural Respiration after Tracheotomy.—It is extremely difficult, at times, to dispense with the tube after tracheotomy. After three years of treatment, toward this end, by ordinary methods in a patient, a year and a half after tracheotomy, Pollard, of London, passed a tracheal catheter from the mouth through the glottis, and into the trachea, beyond the tracheotomy opening. It was retained for thirty-one hours, and after its removal the patient continued to breathe through the mouth. In the second case, three months after the operation, all attempts to get rid of the tube

having failed, Dr. Pollard, in passing the catheter, dislodged a piece of granulation tissue that was coughed up. Pneumonia ensued, followed by recovery.

Treatment of Persistent Hiccough.—Pagenstecher (*Bulletin Général de Thérapeutique*, Jan. 30, 1885) was the first to report the cure of an obstinate case of this character, by the administration of infusion of jaborandi. Since that time it has been found that pilocarpin in 1-6 grain doses, twice daily *if necessary*, will, in the majority of cases, give instant relief. If the trouble persist after its use, trial should be made of ergot, in drachm doses, and nitro-glycerine, in doses of one minim of a one per cent solution, twice daily.

Cure of Hemorrhoids by Excision.—Dr. Whitehead (*New York Med. Abs.*, April, 1887) gives a very interesting account of the cure of three hundred consecutive cases of hemorrhoids by excision. The patient is etherized, and the sphincters entirely paralyzed and stretched by the fingers, to allow the piles to protrude. The mucous membrane of the rectum is divided by the means of scissors and forceps, at its junction with the skin, and by rapid dissection the mucous membrane and attached piles are separated from the sub-mucous bed on which they rest, and are pulled down below the margin of the skin. The mucous membrane above the hemorrhoids is now divided transversely, in successive stages, and the free margin of the severed membrane above is attached, as soon as divided, to the free margin of the skin below. All bleeding is controlled by torsion.

159 South Spring street.

H. H. MAYNARD, M. D., Professor of Surgery, and W. L. Wills, M. D., Professor of Anatomy in the Medical College of the University of Southern California, have each been invited to read papers before the Anatomical Section of the International Medical Congress. These invitations were received just three weeks before the Congress met. Rather brief allowance of time for preparation. The Philadelphia moguls will find the Los Angeles men ever ready to do their share of work, but they must show them the courtesy of enough time. Messieurs Shoemaker *et al.*, take notice.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

IN MEMORIAM.

DEATH OF DR. A. B. STUART.

THE sad tidings of the death of our dear friend has just reached us. He was a surgeon of great repute in Minnesota, but for the last eight years had resided in California. Although he became wealthy through his extensive practice, yet he did not belong to our profession for the money there was in it.

He loved his work. He was ever a student. Even when an invalid, his microscope and his books were his constant companions.

His latter years were clouded by the death of his only child, Mary Stuart—a young lady of remarkable ability and promise. In memory of his daughter, Dr. Stuart had recently endowed a college, to be located, we believe, at Santa Rosa.

Dr. Stuart was honorable, generous, and a true and steadfast friend.

The following is from the *Santa Rosa Daily Democrat*, and mirrors the esteem in which he was held at his own home:

In the death of Dr. A. B. Stuart, which occurred at his home in this city late Saturday night, the community has sustained a loss which cannot be measured in words. He had suffered considerably from ill health of late, which resulted in his being prostrated with an attack of paralysis several weeks ago, from which illness he was just convalescing when stricken with the same disease Saturday morning. He lingered between life and death during the day, the advantage at one time seeming to be with the former, but it proved only a flickering of the vital spark before its extinction. He died surrounded by his heart-stricken family and relatives, whose grief finds an echo in the hearts of all who knew him. He was a native of Pennsylvania, aged 57 years. The greater portion of his life was devoted to the practice of the profession, in which he acquired so lucrative a practice in this city, ably seconded in his efforts to administer to the sufferings of mankind by his estimable wife. He entered the United States army in August, 1862, as Assistant Surgeon of the Tenth Missouri Volunteers. He was promoted in 1862 to Major Surgeon of the First Alabama Cavalry. He was next placed on General Rosecrans' staff as division surgeon. He was mustered out of the service on June 1st, 1864, on account of disability. After the war he moved to Wisconsin, where he resided until he came to this State, nine years ago, in search of health. He traveled quite extensively through the southern part of the State, and finally settled in this city, in 1880. He was mustered into Elsworth Post, on March 1, 1884, and was Post Surgeon during that and the succeeding year. He was elected as Junior Vice-Commander in 1886. The funeral took place from the house, under the auspices of the Masonic order, Elsworth Post acting as escort.

DEATH OF FRANK S. HILLARD, M. D., HARVARD.

Dr. Hillard called on us, when he first came to Los Angeles, ten years ago. He carried with him a letter of introduction

from our mutual friend, Dr. E. S. Bunker, of Brooklyn, N. Y. He first located in San Gabriel, where he soon did an extensive practice, although much of the time suffering great pain. Later he practiced in El Monte, endearing himself to many by his great consideration of others and abnegation of self.

Two or three years ago he gave up practice entirely and removed to the La Cañada, a beautiful, healthful location in the foothills, about twelve miles from Los Angeles.

Here he lived and suffered, coming to Los Angeles once in a while, and many physicians remember what a pleasure it was to have him call. He was a very interesting conversationalist on all scientific subjects relating to the medical profession.

He was an enthusiast in regard to the benefits to be derived from the climate of Southern California.

His wife and children, who still live at Glendale, and his father and mother, who came across the continent from Massachusetts, and were with him some time previous to his death, have the sincere sympathy of the profession of Los Angeles.

At Dr. Hillard's personal request, Dr. Francis L. Haynes performed the autopsy in the presence of Drs. Joseph Kurtz, H. H. Maynard, H. Worthington, John R. and Robert W. Haynes, and we present below the notes taken :

Dr. Frank S. Hillard died Aug. 7, at his home in Glendale, near Los Angeles, California. His illness, which he attributed to a fall on the pommel of his saddle while serving during the war of the rebellion, lasted for more than twenty-five years. The most important symptom was persistent pain and tenderness in the right lumbar region, together with great vesical irritation. These were believed by Otis, of New York, to be due to a contracted meatus urethra, and the operation of slitting was performed, but without benefit. Dr. Keyes, after a careful examination, thought the seat of the disease was in the right kidney, and that its pelvis probably contained a calculus.

Later symptoms were, an abscess in the right lumbar region, which continued to discharge copiously through a fistulous orifice until death; an extremely albuminous condition of the urine, with dropsy of the extremities and uncontrollable diarrhea.

The autopsy showed that the origin of the abscess was in the right kidney, the pelvis of which was dilated into a large

pus cavity. The organ itself was exceedingly indurated and contracted, and densely adherent to the diaphragm and surrounding tissues.

The left kidney was enlarged and had undergone waxy or amyloid degeneration to the last degree. The bladder was contracted, but not otherwise diseased. No calculus was present.

A DEATH FROM ETHER.

PHILADELPHIA'S most famous surgeon has recently been so unfortunate as to lose a patient, during ether narcosis for the purpose of ligating hemorrhoids. One of the tumors had been tied, when the operator noticed that respiration had become unusually stertorous. Breathing soon ceased, in spite of all that could be done. The heart continued to beat for some time.

This, then, was not one of those cases in which death ensued perhaps several hours after ether, through deficient elimination by crippled kidneys, but one in which the drug seemed to directly paralyze the respiratory centers. But would it not be better to frankly acknowledge that we do not know how ether kills in such cases?

In this instance, the attendants have the consolation of knowing that the safest anæsthetic known was used, and that every precaution was taken to avoid accidents. Yet, the occasion may be improved to remark, that ether is too frequently given with entire recklessness, its administration being intrusted to a nurse, or other unskilled person. On the other hand, while watching some of the most expert and daring operators, we have been struck with the anxiety shown as to the condition of the patient while under ether. These men have learned by bitter experience the dangers of anæsthesia, which may well be called death's twin brother.

A buggy medicine case has been found, and left at the office of the SOUTHERN CALIFORNIA PRACTITIONER.

CORRESPONDENCE.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER: About six miles north of the city of San Bernardino, on the face of the mountain wall overlooking the valley of the same name, may be seen clearly outlined against its back-ground of desert vegetation the figure of a colossal arrowhead, about a quarter of a mile in length, its point directed toward the mouth of the subjacent cañon, in which burst forth the springs of hot mineral water which give, in addition to the climatic charms of the region, its reputation to the locality as a health resort.

The Arrowhead Springs lie at the southern foot of the San Bernardino mountains—a continuation eastward of the Sierra Madre—in the midst of a region of metamorphic rock, gneiss, mica-schist, feldspathic syenite, etc.—the decomposition or chemical action of which seems to furnish not only the heat that almost boils the water, but the mineral substances held in solution therein. Hot mineral springs are found all along the base of the above-mentioned mountain wall, but the point where the chemico-thermal activity seems to be the greatest is at the locality indicated above. Here there are about twenty-five springs within a small compass, the temperature ranging from 140° to 193° Fahrenheit—the solid constituents being, according to an analysis made by Prof. Hilgard, of the University of California, as follows:

ANALYSIS.

Temperature of water, 193° F.	
Sulphate of Potash, grains per gallon	4,001
Sulphate of Soda, " " "	42,476
Chloride of Sodium, " " "	8,178
Lithium, " " "	Strong test
Sulphate of Lime, " " "	1,343
Carbonate of Lime, " " "	1,343
Barium, " " "	A faint test
Free Sulphureted Hyd., cubic inches per gal.	644
Strontium - - - - -	Well marked
Sulphate of Magnesia - - - - -	146
Carbonate of Magnesia - - - - -	321
Silica - - - - -	4,942
Organic Matter - - - - -	Trace
Total solid contents - - - - -	62,984

The ground in some places around the springs is saturated

with the hot mineral water to such an extent that it is used in giving the so-called "mud-baths," the patient lying in a suitably constructed box filled with the hot mud, in which his person is immersed for a suitable length of time. The springs are much resorted to by persons suffering from rheumatism, skin disorders, blood poisoning, etc., and the waters are used freely both for drinking and for bathing.

The comfort and pleasure of the sojourner at the springs are greatly enhanced by the charms of climate and scenery. The large and well-appointed new hotel stands at a height of 2,000 feet above the sea and 1,000 feet above the city and valley of San Bernardino, on a little plateau, between two branches of the cañon, which opens into the valley just below.

The eye ranges southward and westward over San Bernardino, Colton and Riverside, over the intervening hills to the Santa Ana mountains and eastward beyond San Gorgonio and San Jacinto toward the desert. The view is one of rare beauty and grandeur.

As to the climate I have not the statistics of the rainfall, but it is said to be about 50 per cent greater than at San Bernardino; the air is dry and bracing.

Respectfully yours,

JOHN DICKENSON, A. M.

University, Cal.

CALOMEL AS A DIURETIC.

EDITORS OF SOUTHERN CALIFORNIA PRACTITIONER.—*Dear Sirs:* In the August number, under Therapeutic Notes, the following statement appears: "Mercury as a diuretic should only be considered as a therapeutic curiosity and never be used, as Terray and Weinstein find that the drug *invariably* causes a stomatitis that is directly proportional to the diuresis."

Most of our text-books on *Materia Medica* teach that mercury is eliminated from the system largely by the kidneys, and hence may be valuable as an adjuvant to diuretics. The extensive use of the old-time Guy's or Baillie's pill, containing blue-mass, squill and digitalis, would go to show that there was some clinical basis for a belief in the diuretic power of mercury. Most practitioners, I think, will agree that, ordinarily, no marked diuresis follows the administration of a

mercurial, but feel equally certain that most could duplicate from their experience the following cases:

A man, aged 78, was suffering from general anasarca—lower limbs swollen to twice their normal size; breath had a urinous odor; stomach very irritable; urine scanty, less than a pint in the twenty-four hours; bowels sluggish; respiration labored; heart's action irregular and feeble. For several weeks he had steadily grown worse, in spite of diuretics of digitalis, buchu. acetate of potash, etc. He seemed to be drowning in his own urine, and, as he was already slightly comatose, speedy dissolution seemed probable. Hoping to relieve his condition by free catharsis he was given the following:

Hydrarg. chlor. mit. - - - - grs. x.

Bismuthi sub. nit. - - - - " xv.

M. Ft. cts. no. ij.

Sig. Give one at 8, the other at 9 A. M.

Very slight catharsis followed this; but profuse diuresis began in about eight hours, and continued nearly thirty-six hours. During that time he passed twenty-four pints (estimated) of urine, which entirely removed the anasarca. In this case there was no salivation or stomatitis.

A second case was that of a man over 60, suffering from dropsy, due to hepatic trouble. On several occasions calomel, in doses of five to ten grains, produced free diuresis, giving the patient great relief, and causing no diarrhea, salivation or stomatitis. Dr. Jendrassic (*British Medical Journal*) reports several cases where he has produced free diuresis without diarrhea or stomatitis, by the administration of calomel in cases of cardiac dropsy. From the evidence adduced above I draw the following conclusions:

1st. In non-dropsical conditions mercurials rarely produce marked diuresis.

2d. In some cases of dropsy, due to hepatic and cardiac trouble, mercurials, and notably calomel, produce free diuresis, even where other diuretics have failed.

3d. That when mercurials do cause diuresis, they do *not* invariably produce diarrhea or stomatitis.

Yours respectfully,

H. G. BRAINERD, M. D.

237 South Spring street, Los Angeles.

RIVERSIDE, Cal., August 23, 1887.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER.—In August number of PRACTITIONER, under head of "New Licentiates," I am reported as having graduated January 24, 1886. It should be January 24, 1866. Please make the correction, and oblige.

Fraternally yours,

ABRAHAM A. SULZER, M. D.

SPECIALS.

Dr. T. C. STOCKTON of San Diego recently paid Los Angeles a brief visit.

P. d. q. is often written after orders, but the physician usually writes P. D. & Co.

We recently had a pleasant call from Dr. L. C. Lane, the noted surgeon of San Francisco.

Dr. Francis L. Haynes successfully removed a multilocular ovarian tumor from a patient at the Pacific, 121 Winston street, Los Angeles, on the 27th of August.

Dr. H. G. Brainerd, while East to attend the International Medical Congress, will——. See next number of the SOUTHERN CALIFORNIA PRACTITIONER. We promised not to give it away until later.

E. L. Townsend, D. D. S., 237 South Spring street, Los Angeles, has gone to Washington, in response to an invitation to give an Operative Clinic before the Dental Section of the International Medical Congress.

Dr. H. S. Orme, of Los Angeles, President of the California State Board of Health, was appointed one of the Council of the Section of Public and International Hygiene of the International Medical Congress.

We have received volume I of the American System of Gynecology, published by Lea Bros. & Co., Philadelphia. The work came too late for review in this number of the SOUTHERN CALIFORNIA PRACTITIONER, but it will have careful consideration in our next issue. From a brief glance we can say it is in every respect a superior work.

The books and instruments of the late Dr. J. S. Baker are on sale at the office of Dr. MacGowan, Baker Block. Intending purchasers should call between 10 and 12 A. M. or 2 and 4 P. M.

Dr. R. H. Plummer is untiring in his work, as President of the State Society. Woe to the man who has no license! Professor Plummer is the right man in the right place. He seems to have the power of omniscience. No irregularity escapes his eye.

Dr. H. G. Brainerd left, September 1st, for Washington, to attend the International Medical Congress. The SOUTHERN CALIFORNIA PRACTITIONER has the promise of letters from the Doctor, and will also receive printed slips, sent at the earliest possible moment, giving a synopsis of the work. The printed slips will be received through the courtesy of Wm. Wood & Co., publishers of the *Medical Record*.

BOOK REVIEWS.

ON THE PATHOLOGY AND TREATMENT OF GONORRHOEA AND SPERMETORRHOEA. By J. L. MILTON, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. New York: Wm. Wood & Co. 1887. Price \$4.

This is an elegantly printed work of 474 pages. There are numerous illustrations, and the mechanical execution of the volume is in all respects creditable to its publishers.

The weak point in the work is a redundant verbiage and the frequent appearance of "I" in connection with numerous vagaries in Etiology, Pathology and Treatment.

Among the many fine points in Milton's book is a table covering eleven pages and showing the effect of atmospheric conditions in producing orchitis. These statistics are very abstruse, and as we have been allowed but two weeks in which to write this notice, we have not yet fully mastered them. We think it shows that too much or too little electricity in the air, we cannot say which, has, as it were, a "booming" effect on swelled testicle.

We have experienced a notable renewal of mental vigor, and a change of opinion on many important points, in reading this book. We once thought that Noeggerath made rather a hit, when he described latent gonorrhœa in females, and its

baleful effects. But as our author scoffs at these ideas, we now think he did not know what he was talking about. As for gonorrhoeal salpingitis, for which surgeons have been removing pus-tubes all over the world, it seems there is on such disease. At least Milton does not mention it, and we know he would tell us all about it if it exists.

The gem of this book is the advice given to sufferers from nocturnal emissions: to wear a spiked collar around the penis, to secure it by padlock, and to fasten the key to a bright-colored ribbon, so that you may not lose it. How that last advice shows the massive British brain! Had a more frivolous American written this, he would probably have forgotten the ribbon.

And yet in spite of the numerous eccentricities of this work it contains much that is valuable, and while no American would rely on it as a guide, yet every practitioner who has much venereal practice will find this volume worthy a place in his library.

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS. First Session. Washington, D. C., June 17 and 18, 1886. Francis Delafield, M. D., President; Jas. Tyson, M. D., Secretary; J. T. Whitaker, M. D., Recorder. Philadelphia: Dornan, Printer. 1886.

The Association is to be congratulated on the solidly scientific character of most of these essays.

Dr. Delafield, in an excellent paper on Chronic Catarrhal Gastritis, frankly expresses his preference for local treatment, by irrigation, through the soft rubber tube. In the rapid march of medical progress it seems that, at times, a remedy, which has proved to be of real value, is displaced by more showy methods. Thus D. makes no allusion to the use of nitrate of silver.

Dr. Polk's remarks on Periuterine Inflammation should be read by every practitioner. He shows, by the history of sixteen cases, that nearly all those masses in the neighborhood of the uterus, which, with Emmet, we have been wont to refer to *cellulitis*, are really due to *salpingitis*, and are made up of "tube, ovary and exudation. Sometimes a coil of intestine is included, perhaps the omentum." To Bernutz is given the credit of this discovery. P. takes issue with the noble army of salpingotomists in prognosis and treatment. "Pelvic ab-

secess," he says, "is by no means an uncommon sequence; but, even with this, recovery is the rule." Again: "Salpingitis is not a new disease nor a rare disease. * * * The majority of the cases get well. A minority do not, and these are capable of ending in such danger and distress that abdominal section, with removal of the tubes and ovaries, becomes a necessity." Every word of this unpretentious paper is worthy of the closest attention.

The "little joker" of the volume is Dr. Formad, the inventor of the Pig-Backed Kidney of Drunkards, who comes to the fore with a paper on his pet topic, replete with dry humor. Is it fancy, or do our mind's ears detect a hoarse murmur of "Hank Monk!"

DISEASES OF THE FEMALE URETHRA AND BLADDER. By F. WINCKEL, M. D., Professor of Obstetrics and Gynecology at the Royal University, Munich. Diseases of the Vagina, by A. Briesky, M. D., Professor of Obstetrics and Gynecology at the Royal University, Vienna. With 99 wood engravings. Edited by E. H. Grandin, M. D., Obstetric Surgeon to the New York Maternity Hospital, etc. New York: Wm. Wood & Co. 1887.

Winckel's classical treatise needs no praise from us. To compare it with Skene's book, we may say, in a word, that the latter is best suited to the practitioner's needs, as being more modern and precise in therapeutics, while the former is in some respects fuller. But it is well to possess both works. The subject of vesico-vaginal fistula is treated in such a way as to frighten the average operator, comparing unfavorably with the work of Emmet, and other Americans, in this direction.

Briesky's work on the Vagina is well worthy of study.

Deaths after operations for atresia are, he shows, due not only to rupture of the tubes from septic ulceration and from uterine contractions, but also to rupture produced by inability of the adherent tubal sac to follow the changes in position of the uterus and vagina after evacuation of the hæmatrometra. B. gives details of eighteen cases in which he operated, without a death. With Emmet, he advocates rapid evacuation of the sac, and thorough drainage, with of course every anti-septic precaution.

Doubtful adhesion is given to the gonococcus as a criterion of the existence of gonorrhœa. "The clinical pictures presented by catarrhs of various origin are entirely alike, and the other criteria, such as involvement of the urethra, are not

always present." Probably, a very common error is to suppose that the absence of *ardor urinae* in the female precludes the presence of gonorrhœa.

Some of the drawings of the sagittal sections of the female pelvic organs, illustrating this volume, are exceedingly valuable, and far surpass the schematic platitudes too often displayed in our home productions.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION, FOR JULY, 1887.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.
Los Angeles, California.

Month of July, 1887.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitation in inches & Hundredths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	29.88	67.0	85.0	56.3	.00	Mean Barometer, 29.938
..... 2	29.86	67.3	85.5	51.1	.00	Highest Barometer 30.90 date 19.
..... 3	29.85	67.6	84.1	53.4	.00	Lowest Barometer, 29.82, date 21.
..... 4	29.86	66.3	83.3	55.7	*T	Monthly Range of Barometer, .27
..... 5	29.90	70.0	86.2	53.1	*T	Mean Temperature, 69.5.
..... 6	29.96	73.7	89.1	62.4	*T	Highest Temp'ture, 98.1, date 22.
..... 7	29.89	69.0	84.9	58.3	*T	Lowest Temperature, 51.1, date 2.
..... 8	29.89	70.3	85.2	59.3	*T	Monthly Range of Temperature, 47.0
..... 9	29.96	69.7	83.0	62.4	.05	Greatest Daily Range of Temper- ature, 49.2, 21st
..... 10	30.00	68.7	80.0	62.6	.00	Least Daily Range of Tempera- ture, 12.4, 15th.
..... 11	29.96	67.7	79.5	60.5	.00	Mean Daily Range of Tempera- ture, 25.3.
..... 12	29.93	67.7	81.5	59.6	.00	Mean Temperature this Month
..... 13	29.93	65.3	76.5	60.8	.02	1879.. 66.8 1882.. 68.0 1885.. 69.7
..... 14	29.91	67.3	78.7	60.8	.00	1880.. 64.2 1883.. 69.8 1886.. 69.7
..... 15	29.96	65.7	74.0	61.6	*T	1881.. 68.8 1884.. 70.2 1887.. 69.7
..... 16	29.98	67.0	78.0	62.3	.00	Mean Daily Dew Point, 63.2.
..... 17	30.02	66.0	78.0	59.8	.00	Mean Daily Relative Humidity, 82.7
..... 18	30.07	68.4	82.0	60.0	.00	Prevailing Direction of Wind, W.
..... 19	30.05	68.0	82.5	54.7	*T	Total Movement of Wind, 3974 miles.
..... 20	29.97	70.7	87.9	54.2	*T	Highest Velocity of Wind and Direction, 20 miles, W.
..... 21	29.88	77.0	99.7	55.5	.00	Total Precipitation, .07
..... 22	29.86	78.0	98.1	62.9	*T	Number Days .91 inches or more Rain fell, 2
..... 23	29.89	78.0	97.2	68.1	*T	Total Precipitation (in inches and hundredths) this Month
..... 24	29.95	73.3	87.3	61.4	*T	1879.. .00 1884.. .00 1885.. T
..... 25	29.97	73.7	88.8	64.8	*T	1880.. .00 1883.. T 1886.. .27
..... 26	29.92	69.3	83.0	61.4	*T	1881.. .00 1884.. .02 1887.. .07
..... 27	29.90	68.3	83.3	60.3	*T	Number of Foggy Days, none.
..... 28	29.92	69.3	82.8	55.5	.00	" " Clear " 13
..... 29	29.97	67.0	82.8	53.8	*T	" " Fair " 13
..... 30	30.01	68.7	84.3	59.6	.00	" " Cloudy " 5
..... 31	29.94	69.0	84.8	57.3	.00	Dates of Auroras, none.
						Dates of Solar Halos, none.
						Date of Lunar Halos, none.
						Dates of Frost Light, none.
						Killing, none
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew

The T indicates trace of precipitation.

GEORGE E. FRANKLIN,

Sergeant Signal Corps, U. S. Army.

NOTES. Barometer reduced to sea level and standard gravity.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. II. LOS ANGELES, CAL., OCTOBER, 1887. No. 10.

ORIGINAL.

CORONADO BEACH AS A SANITARIUM.

BY C. M. FENN, A. M., M. D., SAN DIEGO, CAL.

BY way of supplement or postscriptum to my recent paper in the PRACTITIONER, on "Some Typical Climates of San Diego County," I send you a few paragraphs which were omitted from the manuscript because of its great length.

The southwestern boundary of San Diego Bay is an hour-glass-shaped peninsula, which projects northward from the Mexican line more than fifteen miles. On the outside leagues of ocean surf lave its sandy, sloping shore, inviting to the pleasures of surf-bathing, and forming a drive-way that is not surpassed on any bit of coast of like extent. On the other and more precipitous margins "the wavelets of the bay forever kiss the shore," so that this large body of alluvial soil, thirty feet above mean tide as to its center, is practically surrounded by salt water. Its mound shape, with an inclination in all directions toward tide-water, affords all that can be desired in the matter of natural surface drainage. That the soil is exceedingly fertile may be inferred from the large harvests of cereals yielded in years gone by.

Under the title of "Coronado Beach," a name suggested doubtless from the Mexican Coronado Islands, which lie twenty miles to seaward, a joint-stock company has most artistically platted about eleven hundred acres of this domain, and within less than a twelve-month has disposed of several hundred lots, running *ad valorem* into millions. Already many handsome villas, of Eastlake and other styles, adorn the site, showing that the enthusiasm of purchasers has not been entirely speculative.

Under the judicious management of the company, the natural salubrity of the locality has been supplemented by a complete system of sewerage and other sanitary measures,

such as prohibiting the erection of whisky-mills, or of any establishment that might become obnoxious to health and morals. Though the question is yet *sub judice*, it is believed that the "beachers" will escape municipal taxation on the part of San Diego.

One of the two ferry-boats makes ninety daily trips across the bay, and in close connection therewith a swift motor completes the transit between city and ocean. Several electric lamps, of the symmetrical Jenny pattern, light up the entire peninsula, and serve as additional beacons at the entrance to our harbor. Besides these evidences of a soulless (?) corporation, paved thoroughfares and boulevards, parks of many designs, one ostrich kraal, a museum in embryo, baths and boats of many kinds, and the long stretch of sounding surf, amply compensate the visitor for the trifling expenditure of twenty-five cents. And to cap the climax, as it were, the largest seaside hostelry in the world, under the impulse of night and day labor, is rapidly approaching completion; and when its six hundred guest-chambers, with all the modern appointments; its inner court of fountains and rare exotics (spacious enough to swallow the Palace Hotel of San Francisco); its broad verandas encircling each story, and the mile-long avenues of orange, olive and palm, shall be thrown open to the public, the Beach will well repay a pilgrimage across continents and seas. Arrangements are such that the tourist, after his exodus from New York or Boston, need not leave his comfortable Pullman until he alights at the vestibule of this grand caravanserie. And if his appetite has become impaired *en route*, it will speedily revive under the stimulus of a pure ocean atmosphere and a cuisine supplied from a California ranch, with all that the name implies.

Enough, perhaps, has already been said to establish the claims of Coronado Beach as a health resort par excellence. For where else in the world may one find such a degree of all-the-year-round, natural salubrity combined, with all the sanitary advantages that unstinted energy and capital can produce? Some months ago not one of the European resorts was considered safe as a residence for Queen Victoria, because of their unsanitary condition, and until they had been renovated. No such imputation can ever rest upon Coronado; and if *faith* alone can cure, what malady can long resist such fanciful appeals to all the senses and faculties?

In the absence of meteorological data, it may be sufficient to state, in general terms, that the air of the Beach is somewhat cooler than that of the city on the other side of the bay, a fact doubtless due to the position of the latter behind Point Loma. There is also more moisture, but the early morning sun, shining upon the sandy soil, quickly dispels the dew, and invites to a healthful stroll. Its latitude and environment of salt water are suggestive of the Sandwich Islands. But the comparison fails, because of their relaxing atmosphere, and the fact that their "luxuriant vegetation, though pleasing to the senses, means merely high temperature combined with moisture"—conditions most unfavorable for the phthisical. The writer well remembers when the semi-monthly ships from San Francisco to the islands were crowded with sick and weary pilgrims, and how few returned to tell the story of their voyage! After a brief sojourn respiration was improved, and the invalid stayed on in hopes of recovery, meanwhile he was slowly but surely expectorating his life away.

For the enlightenment of Europeans I venture the assertion, that all of the seasons at Coronado Beach much resemble the short but delightful winters of Cannes and Mentoné. And to all who may be contemplating a change of climate, I would repeat Bacon's aphorism, "The goodness of the air is better known by experience than by signs."

A CASE OF OVARIOTOMY.

BY FRANCIS L. HAYNES, M. D., LOS ANGELES.

MRS. LAURA A. HEINS, aged 40, a resident of Tustin, Los Angeles county, Cal., entered the private hospital conducted by Dr. Walter Lindley and the writer, on August 20th last, referred to us by Dr. Lacey, of Santa Ana.

History.—A tumor was first noticed in the left iliac region five years ago. Its gradual growth was not attended with much positive pain until three months before admission; but she suffered from constipation and anorexia, and had frequent and severe attacks of vomiting. The weight of the tumor caused great inconvenience. Lately pain, especially in the left

iliac region and just below the costal cartilages, has been marked, and strength has failed rapidly. Six weeks before admission, a homeopathic physician of Santa Ana drew off about two gallons of a brown, sirupy liquid. The symptoms were not materially relieved, and quite a large swelling remained. The fluid rapidly re-accumulated, and she now consulted Dr. Lacey, who, after making a correct diagnosis, wisely refused to tap, and advised removal of the tumor.

Condition on Admission.—She was emaciated, and presented the characteristic facial expression of ovarian disease. The pulse was 96, weak; temperature from 98° to 100°. Urine scanty and high-colored. Greatest circumference of abdomen, 41 inches. Acetate of potash, infusions of digitalis and gentian, and ammonio-citrate of iron with sherry wine were given, with the effect of promoting the urinary secretion and of increasing the appetite and strength. She was bathed daily, and received morning and night a vaginal injection of sublimate solution (1:4000).

Operation.—August 29, 1887, Drs. Walter and Will E. Lindley and John R. and Robt. W. Haynes assisting. The cyst was so rotten that the blunt vulcella forceps with which it was seized made a large hole, which was enlarged by the knife, the patient having been previously placed on the side. The tumor was adherent to parietes, omentum and descending colon, and dipped down between the layers of the broad ligament, from which it was removed by enucleation. Thomas' hint, to "wipe off" the adhesions by means of a sponge, was put into practice, and found very useful. Large and vascular adhesions were clamped on the side of the tumor, and tied with the Staffordshire knot, and then divided between the two. Most of the great omentum was removed. The peritoneal toilet was made by pouring in several pints of hot water and sponging it out, repeating the process until the water ceased to be stained with blood. The operation, which was made without any attempt at haste, occupied an hour, and the length of the incision after suturing was four and a half inches. The dressing was a twelve per cent. glycerole of carbolic. The patient's condition on leaving the table was apparently better than when the operation began.

The subsequent history was one of rapid and complete re-

covery, the wound healing by first intention. On the fourteenth day she walked around her room, and left for home on the twenty-first day.

The tumor was multilocular and weighed twenty-five pounds.

LOBAR PNEUMONIA.*

BY G. L. COLE, M. D., ASSISTANT HEALTH OFFICER OF THE CITY OF LOS ANGELES.

LOBAR PNEUMONIA is a disease that exists to a greater or less extent in all portions of our country. It is found, to be sure, in some sections more commonly than in others, and while not more prevalent in this semi-tropical climate of Southern California than in other sections that are sought as health resorts, it nevertheless exists here to the degree that a paper on the treatment of the disease, together with the discussion it is intended to call forth, cannot fail, it has seemed to me, to be of importance to the profession.

In this paper we shall assume that pneumonia is not a local, inflammatory disease, but that it is a constitutional malady with a characteristic local lesion existing in the pulmonary tissues. As typhoid fever, for instance, is a constitutional disease with a characteristic lesion in the alimentary tract, so is pneumonia a disease of the same type, in which the exudations of fibrinous material into the air cells of one or more lobes of the lungs, exists as the lesion that is characteristic. In order to hold this theory, which is directly antagonistic to the views of many, we shall advance a few reasons.

In the first place, pneumonia shows a temperature that is in nowise dependent upon the local inflammatory process. That is, in estimating the amount of lung tissue involved we are not to be guided in the least by the temperature. We must rather resort to physical signs by a careful examination of the chest both by auscultation and percussion. In this manner we shall often find an exceedingly high temperature accompanying the disease where a single lobe only of either lung is involved, or, on the other hand, we may find a comparatively low temperature when two or more lobes, or possibly a portion

*Read before the Los Angeles County Medical Society, September 2, 1887.

of both lungs, are involved by the inflammatory process. The temperature also in many cases drops to a normal or sub-normal condition before the inflammatory process has subsided. This was finely illustrated by a case that came under my care a few weeks since. The temperature had been at $104\frac{1}{2}^{\circ}$, only yielding to repeated doses of antipyrine, when suddenly, on the sixth day of the disease, it dropped one degree below normal with no apparent cause in way of therapeutical measures. At this time physical signs showed the inflammatory process still existing. This is not in accordance with our experience in purely inflammatory processes. Of late much has been said of the traumatic origin of pneumonia and this has been advanced by some as an argument in favor of considering it a truly local disease. This, indeed, might have some weight in case we found only an injury in the immediate region of the seat of the subsequent inflammation giving rise to the disease. But this is not true. It is well known that we often find the disease following an injury to a distant part of the body. Especially is this true in injuries about the hip joint, and more especially when an injury of this part occurs in the aged.

Again, the chill that so frequently ushers in an attack of pneumonia is much more severe than that which ushers in a local inflammation; in this respect being very similar to the chills that accompany more severe general diseases, as typhoid fever and variola. The chlorides become diminished or entirely wanting in the urine, only to be found again when the process of resolution is well established: here differing from local diseases.

The apology that we offer for having dwelt upon the foregoing is that the treatment of pneumonia is much influenced by a correct knowledge of the nature of the disease. Those strictly antiphlogistic measures which were in vogue when the disease was considered a purely local one, have, in later years, given place to those remedies, and that treatment, better calculated to accord with a constitutional malady.

The treatment should be undertaken with the fact in mind that the disease has an intrinsic tendency to recovery, and thus should be a supporting one. While the majority of cases will recover with no medical aid, there can be no doubt that the course of the disease can be much modified and convalescence brought about more speedily.

Just here an important question arises. Can the disease, having made some progress in its development, be arrested in its advance? In other words, have we at our command abortive measures? As regards this I have nothing to offer from experience. Some of our eminent authors ascribe this power to sulphate of quinia in large doses; stating that twenty to forty grains given in some instances have aborted the disease, when given in the earliest stages. This is a matter that should receive attention, inasmuch as the remedy thus given, and in this stage, can do no harm, if it effects no good. Given after the pathognomonic crepitant râle has been detected, and thus cutting the disease short, it would be evidence to us that it is an abortive measure, especially after having been efficacious in several instances. Given before the crepitant râle can be detected, and not followed by the disease, we could not consider as proof of its efficiency.

In rare instances the disease at its onset may call for venesection. But the lancet, formerly used so frequently, has justly been nearly discarded. In a strong plethoric subject, when the arterial tension is modified by the engorgement of the right heart, to the degree that the patient is becoming cyanotic, the pain in the chest excruciating and cough severe, with a high temperature (a condition that I believe to exist much more frequently in the climate of the Northern and Eastern States than with us), the removal of a few ounces of blood will subdue the cough and pain, and remove the cyanotic condition, more satisfactorily than any other measure. But these indications are rare. While at this period in the history of medicine, the use of the lancet has gone so much out of custom, there *are* times when it should be resorted to; and in such an emergency the physician who lacks either the knowledge or courage to resort to it is guilty of a moral crime.

In the early stages of the disease, in the stage of engorgement and stage of exudation, it is, as a rule, necessary to relieve the pain by opiates. To this there can be no objection, as it serves many important purposes. It modifies the cough, which is a usual accompaniment. It has a tendency to lower the number of respirations per minute—this being a desirable object to accomplish. And beside relieving the pain, it in some manner, more fully known as a clinical fact than theoretically comprehended, renders the system more tolerant of the local inflammatory process.

After the first stages have been passed we believe the best results are accomplished by the use of alcoholic stimulants. The time at which the alcoholics shall first be used must vary in different cases. The indications for its use are increased activity of the heart movements with a failure of the normal power of the muscular contractions. As Professor Austin Flint suggested, "It is better to begin the use of alcoholics too early than too late. While the use of them can, with proper caution, be suspended without doing injury, the time lost by beginning too late cannot be regained." The amount of alcohol that shall be used in different cases will vary greatly. In some the quantity should be small, not exceeding one or two ounces of whisky daily. In other cases it may be necessary to increase the amount to twenty or thirty ounces in twenty-four hours. If the patient be young, or not accustomed to the use of alcoholics as a rule, the quantity will be small. On the other hand, if the patient be old, or accustomed to alcoholics, the quantity will be comparatively great. In the use of this remedy we are to be guided by the effect it produces. The heart will be our guide. Under the use of brandy or whisky the pulse should become less frequent and full. As a guide to the effect of the alcohol the first heart sound is important. The great majority of deaths in lobar pneumonia result from heart failure. Now, bearing in mind that the characteristics of the first heart sound are as follows: loud, long in duration and low in pitch, with a booming quality; while the second heart sound is weak, short in duration and high in pitch, with a valvular or clicking quality; as the heart power becomes less the characteristics of the first sound approximate those of the second sound. The effect of alcohol upon the circulation can be studied earlier and more accurately by noting carefully the effect upon the heart sounds than by observing the condition of the pulse. If the remedy has a beneficial effect it will cause the first heart sound to regain its normal characteristics.

As in many other constitutional diseases, we often find a tolerance of alcoholics in pneumonia. It is not an exceedingly rare occurrence to find the amount of brandy taken with tolerance within twenty-four hours to exceed three pints; thus making an equivalent of one ounce of alcohol per hour. The amount should never be carried to the point of intoxication.

In many cases the free use of alcoholics will lower respirations and temperature. In those cases when, notwithstanding the use of alcohol, the temperature remains high, recourse should be had to antipyretics. Much can often be accomplished in this direction by applying cold to the chest and sponging the body in tepid water. These are measures that not only have a tendency to lower the temperature, but are also very agreeable to the patient, thus tending to support him. Other than this I would give preference to antifebrine. During the winter of '85-6 antipyrine was extensively used in the Bellevue Hospital of New York city. It was highly prized as an antipyretic, but occasionally considerable depression was found to follow its administration. During the following winter, that of '86-7, the use of it had greatly given way to antifebrine. It was found that all the good results that had been obtained from antipyrine could be obtained from antifebrine with no danger of the one objectionable feature, namely, great depression occasionally following its use. While the action of antifebrine is usually not quite so speedy as that of antipyrine, it is, however, more lasting in its result and more grateful, as a rule, to the patient.

The pneumonic patient should be urged to remain in a recumbent position and to exert himself as little as possible. The room should be large, light, cheerful and well ventilated with the temperature of the apartment varying from 65° to 70°. Cool, pure air is not only important for those suffering from the disease but is usually fully appreciated by them. Generally the inclination of the patient is a safe guide to the temperature of the room.

In this disease, as in all others where death is due to the gradual decrease of the vital powers, the dietetic treatment is of much importance. The food should be nutritious and easily assimilated. It is well to bear in mind that while there is no danger of assimilating too much food, there is danger of injecting an amount that will overload the stomach and thus retard digestion. The food should be fluid or semi-fluid, consisting mainly of milk, eggs and concentrated meat broths.

However, it must be borne in mind that in pneumonia, as in all other diseases, no definite line of treatment can be laid down to which we should rigidly adhere. Each case with its complications calls for care and study in adjusting the treat-

ment. In this disease, as in others, the symptomatic treatment will play its part. We should, however, hold in mind the one idea that all depressing measures should be discarded and that the general line of treatment shall be sustaining.

While pneumonia is not an infrequent disease in this climate, I believe it runs a milder course and is more easily managed than in Eastern States. Within the past few weeks two cases have come under my care, in which the temperature in both at the outset was above 105°, yet they went on to rapid recoveries: much more so than would have been expected in the East.

TRAUMATIC TETANUS AN INFECTIOUS DISEASE.*

As the result of numerous careful experiments, the following conclusions may safely be drawn :

Traumatic tetanus of the lower animals, and of man, at least sometimes, possibly always, is a specific infectious disease due to the action of a specific infectious virus which exists in the tissues at the seat of infection, in the blood and in the central cerebro-spinal nervous system.

In view of the experimental evidence which we possess at present, and of many inassailable observations of many surgeons and veterinarians, there seems to be ample warrant for the admission that not infrequently tetanus in man is acquired directly and indirectly from some of the domestic animals, notably the horse, which surround him.

CRAB-LICE (*pediculi pubis*) are said to be immediately destroyed by washing the parts with ether.

A case of retention-cyst of the gall-bladder was thus treated recently by Säger: It was first stitched to the abdominal wall, and next, after six days, opened by the cautery, when it discharged about eight ounces of a dark, viscous fluid. The operation was not followed by fever or pulse elevation.

* From a paper read before the International Congress, by Edward O. Shakespeare, M. D., Philadelphia.—*Boston Medical and Surgical Journal*, September 15, 1887, p. 250.

SELECTED.

SECTION IN OBSTETRICS—INTERNATIONAL MEDICAL CONGRESS.

FRIDAY, SEPTEMBER 9TH—FIFTH DAY—MORNING SESSION.

The Committee appointed to formulate resolutions in regard to Uniformity in Obstetrical Nomenclature, submitted its report, which, after an animated discussion, was unanimously accepted, the only dissentient voice being that of Martin, of Berlin, who was not present, but had left a message stating that he thought the matter should not be settled by an American Congress, but should wait three years and be accepted or not by a congress meeting in the Old World.

REPORT AS ACCEPTED.

A. It is desirable to try to attain to uniformity in obstetrical nomenclature.

B. It is possible to arrive at uniformity of expression in regard to: 1, The Pelvic Diameters; 2, The Diameters of the Fœtal Head; 3, The presentations of the Fœtus; 4, The Positions of the Fœtus; 5, The Stages of Labor; 6, The Factors of Labor.

C. The following definitions and designations are worthy of general adoption by obstetric teachers and authors:

I. PELVIC BRIM DIAMETERS.—1. Antero-posterior: (1) Between the middle of the sacral promontory and the point in the upper border of the symphysis pubis crossed by the *linea terminalis*=*Diameter Conjugata vera*, Cv. (2) Between the middle of the promontory of the sacrum and the lower border of the symphysis pubis=*Diameter Conjugata diagonalis*, Cd.

2. Transverse: Between the most distant points in the right and left ileo-pectineal lines = *Diameter Transversa*, T.

3. First Oblique: Between right sacro-iliac synchondrosis and left pectineal eminence = *Diameter Diagonalis Dextra*, D. D.

4. Second Oblique: Between left sacro-iliac synchondrosis and right pectineal eminence = *Diameter Diagonalis Lava*, D. L.

II. FÆTAL HEAD DIAMETERS.—1. From the tip of the occipital bone to the center of the lower margin of the chin = *Diameter Occipito-Mentalis*, O. M.

2. From the occipital protuberance to the root of the nose = *Diameter Occipito-Frontalis*, O. F.

3. From the point of union of the neck and occiput to the center of the anterior fontanelle = *Diameter sub-Occipito-Bregmatica*, s. O. B.

4. Between the two parietal protuberances = *Diameter Bi-Parietalis*, Bi-T.

5. Between the two lower extremities of the coronal suture = *Diameter Bi-Temporalis*, Bi-T.

III. PRESENTATION OR LIE OF THE FÆTUS.—The *presenting part* is the part which is touched by the finger through the vaginal canal, or which, during labor, is bounded by the girdle of resistance.

The *occiput* is the portion of the head lying behind the posterior fontanelle.

The *sinciput* is the portion of the head lying in front of the *bregma* (or anterior fontanelle).

The *vertex* is the portion of the head lying between the fontanelles and extending laterally to the parietal protuberances.

Three groups of presentations are to be recognized, two of which have the long axis of the fœtus in correspondence with the long axis of the uterus, while in the third the long axis of the fœtus is more oblique or transverse to the uterine axis.

1. Longitudinal: (1) Cephalic, including—vertex and its modifications; face and its modifications; (2) pelvic, including—breech; feet.

2. Transverse or trunk, including shoulder, or arm and other rarer presentations.

IV. POSITIONS OF THE FÆTUS.—The positions of the fœtus are best named topographically, according as the denominator looks—first, to the left or the right side, and second, anteriorly or posteriorly. When initial letters are employed it is desirable to use the initials of the Latin words.

In the case of Vertex positions we have:

Left Occipito-Anterior = *Occipito-Læva-Anterior*, O. L. A.

Left Occipito-Posterior = *Occipito-Læva-Posterior*, O. L. P.

Right Occipito-Posterior = *Occipito-Dextra-Posterior*, O. D. P.

Right Occipito-Anterior = *Occipito-Dextra-Anterior*, O. D. A.

The face positions are:

Right Mento-Posterior = *Mento-Dextra-Posterior*, M. D. P.

Right Mento-Anterior = *Mento-Dextra-Anterior*, M. D. A.

Left Mento-Anterior = *Mento-Læva-Anterior*, M. L. A.

Left Mento-Posterior = *Mento-Læva-Posterior*, M. L. P.

The Pelvic positions are:

Left Sacro-Anterior = *Sacro-Læva-Anterior*, S. L. A.

Left Sacro-Posterior = *Sacro-Læva-Posterior*, S. L. P.

Right Sacro-Posterior = *Sacro-Dextra-Posterior*, S. D. P.

Right Sacro-Anterior = *Sacro-Dextra-Anterior*, S. D. A.

The Shoulder presentations are:

Left (left and right side of the mother) Scapula-Anterior = *Scapula-Læva-Anterior*, Sc. L. A.

Left Scapula-Posterior = *Scapula-Læva-Posterior*, Sc. L. P.

Right Scapula-Posterior = *Scapula-Dextra-Posterior*, Sc. D. P.

Right Scapula-Anterior = *Scapula-Dextra-Anterior*, Sc. D. A.

V. THE STAGES OF LABOR.—Labor is divisible into three stages: (1) First stage—from the commencement of regular pains till complete dilation of the os externum = *Stage of Effacement and Dilatation*. (2) Second stage—from dilatation of os externum till complete extrusion of child = *Stage of Expulsion*. (3) Third stage—from expulsion of child to complete extrusion of placenta and membranes = *Stage of the After-birth*.

VI. THE FACTORS OF LABOR ARE—(1) The Powers. (2) The Passages. (3) The Passengers.

(Signed)

DE LASKIE MILLER, M. D.,
President of the Section.

A. F. A. KING, M. D.

WILLIAM T. LUSK, M. D.

A. R. SIMPSON, M. D.

SECTION ON SURGERY.

Dr. George E. Post, of Beirut, Syria, read a paper on Calculus in Syria.

The writer remarked that it would almost seem to be produced from climatic causes, as it was such a prevalent malady there. In Palestine and almost every village these cases are extremely numerous both in young and old; in one day four patients came to him from a single village. When an operation is performed, the stone is generally found to be larger than is found in European countries, owing to the natives

being extremely averse to all surgical operations, and hence procrastinate; a Moslem dislikes an operation extremely. Then, again, there are not many good surgeons there, and they frequently hesitate to perform an operation for stone; besides, too, the people are ignorant and poor. In that region there is a class of men called "stone-cutters," who make it their business to travel and remove stone from the bladder. They carry a bag containing the stones they have removed, and also those bequeathed to them by their ancestors, if in that calling. Their method of operation is as follows: The patient is laid on his back, without the use of anæsthetics, and held by assistants; the stone-cutter inserts two fingers into the rectum and feels for the stone in the bladder; when felt it is pushed toward the neck of the bladder, and then, with the aid of a razor or borrowed scalpel, he cuts down upon the stone through the perineum, and, when reached, the stone is pushed out by the fingers in the rectum.

The writer quoted one of his cases, in which five stones were removed, two from the bladder and three from the perineal tissue. Another case was more curious than that: the patient had been operated on in infancy by the method described, and a fistulous opening still existed. In that country they are in the habit of eating grapes with skin, seed, and pulp; the fistulous opening connecting the rectum with the urethra had secreted grape-seeds, these forming the nucleus for the stone formation. There were sixty-four stones removed from the fistulous tract and bladder, ranging from the size of a grape-seed to a nut; a portion of one stone was embedded in the bladder.

Another case of the same character, but much larger in size, weighing six ounces, in which a portion of the stone was in bladder and prostrate, was removed, and not the slightest disturbance of the system ensued, although the stone was of such large size. In another instance the speaker removed a stone weighing twelve ounces; it was four inches long and two inches wide.

The largest number of calculi he had ever removed from one patient was two hundred, of various sizes, but eleven of them weighed six ounces each. The patient died from double pneumonia three days after. The speaker stated that he had operated in 250 cases of stone in the bladder. The mortality

was 10 in 176 cases. One hundred and six of the cases (250) were in children ten years of age and under. He had performed forty-four lithotrities, eight of which died. One patient, a man seventy years of age, came under the writer's care from whom he removed three stones from the urethra—one from the membranous portion; one, three inches, from the meatus; and one from just inside the meatus—the largest was the size of a bean. Going from extreme age comes that of a child, not quite two years of age, from whom the writer had removed a stone the size of a bean.

Dr. J. A. S. Grant (Bey), of Egypt, remarked that calculus is very common there also; a friend of his, Dr. Zacharol, had made careful and scientific examinations of the various calculi, and almost invariably found the nucleus to be the egg of *Bilharzia hæmatobia*, and which, he suggests, would account for the stone.

A patient came to the speaker's office one morning with his scrotum extremely inflamed, and about the size of a child's head. The man—a native—while sitting near the railroad track had been struck on the scrotum by a bottle thrown from the hands of a soldier in a train that was passing; the blow had laid open the scrotum. The speaker removed the stone, which weighed fourteen ounces. This was the largest he had ever removed, and this was taken away in three pieces.

The next paper was by Dr. H. Watraszewski, of Warsaw, Poland, on Treatment of Syphilis by Injection of Insoluble Mercuric Salts.

There is nothing new in the injection of insoluble salts of mercury in syphilis. The author has already made a communication on the same subject. He has since pursued his investigations and has been led to give the preference to the yellow oxide of mercury. The injections are to be made about once each week, and from four to five injections have been found sufficient to cause a disappearance of the symptoms. He has never had any difficulty from abscesses.

Cases come to the special hospital for syphilis with which he is connected from all parts of Poland, having been treated by other methods. Some have the disease in its worst forms, and present all the conditions favorable for a thorough test of this

treatment. The author has had results follow the injection-cure which are very favorable and warrant his enthusiasm. The feature of the method is the small number of injections required, twelve to twenty being required for a course of treatment, and only four or five to cause a disappearance of the lesions at any time present.

Once each week a Pravaz syringeful of the following solution is to be injected deeply into the tissues.

Hydrargyri oxyd. flav.	- - - - -	1.0 gram.
Gummi arab	- - - - -	0.25 centigram.
Aque destillat	- - - - -	30.0 grams.

M. S.—Shake and inject.

A Pravaz syringeful represents about four centigrams, or two-thirds of a grain.

A calomel-solution made in the same way, but three times as strong, has been used by the author, who finds that while it is beneficial the reaction and irritation caused by it are much greater.—*Medical Record.*

VIRCHOW'S AUTOPSY ON THE BODY OF SCHRÆDER.

ALL classes of Berlin society were deeply affected by the sudden death of Privy-Councillor Prof. Carl Schræder; his loss has been keenly felt in professional circles and by the faculty of the University of which he was one of the younger members.

We take the following from a Berlin paper sent up by Dr. Blume:

A post-mortem examination was made by Prof. Virchow, which revealed a wholly unexpected condition of things. An abscess, which must have existed for several years, was discovered in the brain, the immediate cause of death being the extension of this diseased process to a vital portion of the brain. A similar abscess was found in the œsophagus, near the stomach.

According to some of his colleagues these abscesses were the result of blood poisoning acquired about six years ago in the following manner: During an operation which he was performing in the old clinic in Dorotheenstrasse, a drop of putrid pus flew into one of his eyes; it was washed out immediately,

but in spite of all precautions the accident was followed by a violent inflammation of the eye and the whole face, and later by inflammation of the lungs. The abscess in the œsophagus may have thus been produced. Prof. Schröder was treated at this time by his eminent colleagues, Professors Leyden, Frerichs and Senator, and since then the report has been current in medical circles that Prof. Frerichs diagnosticated his complaint as tuberculosis; this diagnosis was not confirmed by the autopsy. When convalescent Prof. Schröder was sent to Cairo, whence he returned apparently in perfect health. This was five years ago. Since then he has suffered from frequent attacks of syncope, etc., presumably due to cardiac weakness. His colleagues warned him and advised rest, but his industry and enthusiasm knew no bounds, and he finally fell a victim to his laborious profession. Last winter he had several attacks of illness, and was sent to Rizza to recuperate.

In November, 1886, he again became violently ill, but soon regained his usual health. His final illness showed symptoms of severe brain disease. His symptoms have at all times been so complicated, and his state of health so changeable, that his physicians, Leyden, Gerhard and Westphal were unable to make a positive diagnosis. It was evident that there was some grave lesion of the brain; beyond this the diagnosis varied between tumor of the brain, cerebral abscess, and inflammation of the meninges.

The autopsy demonstrated the existence of cerebral abscess, and also that Professor Schröder lost his life by his devotion to his profession.

The funeral services were of the most imposing character. Representatives of various branches of the Imperial service and the municipal government of Berlin were in attendance, as well as the professors and students of many of the German schools. The funeral cortege was led by the state coach of the Crown Prince, and all classes united to do honor to the distinguished dead.—*Pittsburgh Medical Review.*

THE physicians of Los Angeles desired to give Dr. Lane of San Francisco a reception and banquet, but he said "No, I came to Los Angeles to rest and see the country's growth."

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THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

THE DRUG-STORE COW.

Our ancestors were possessed of a very sincere, yet, as modern science has demonstrated, a very erroneous belief, that milk was the natural food for babes.

The wide-spread character of this erroneous belief is shown by that oft-quoted injunction of St. Paul, "Give milk to babes," etc.

Numerous other authorities might be quoted to prove the universality of the belief; but why put the memory of our well-meaning but mistaken ancestors to shame by adducing these evidences of their ill-founded theories.

It was the fault, no doubt, of the rude and semi-barbarous times. These things had been handed down from the "*anti-quissimis temporibus*" of which the Latins wrote.

And so when the mother's supply failed, or through the dictates of fashion was withheld, the infant "muling," etc. (vide Shakspeare), "in the nurse's arms," fell back upon the neighboring and friendly Durham, and kicked its heels, and laughed, and grew fat in blissful ignorance of the fact that science was soon to demonstrate that it was all wrong, and that the milk of the cow had so many per cent too much of caseine and butter, and so many other per cents too little of sugar, and that he was growing fat and hearty in direct contravention of all chemical laws, and it was not right.

And so ingenious men set to work to find some other kind of cow that would supplant the gross and unscientific Durham, and would supply a truly scientific food for this unreasoning and unreasonable infant of the genus homo. Certain wise and curious nurses reported at various times traces of such an animal in the vicinity of carrot patches, while others were equally sure that this was a mistake, and that the only genuine and simon-pure breed was found where toast-water did abound, or a mysterious compound called pap was concocted.

It has been reserved for modern science, however, to discover traces of the animal (vide works on natural history for the correct phraseology) upon the shelves and in the laboratories of the drug-store, and of that modern marvel the great pharmaceutical establishment.

Here at last has been found a truly scientific food for the masterful race of infants, a bodily pabulum which will develop the symmetrical high type of man of this latter and lighter day; and the udders of this thorough-breed laboratory cow, under the persuasive manipulations of the venerable looking man with long, white beard and big spectacles (see cut in advertisements), pour forth a never ceasing stream of infant foods, lactated foods, extracts, and other nutriments (each of which is, however, the only true Jacob, all others being impostors), until one would think that this laboratory cow must

certainly be a heifer in lineal descent from the wonderful cow, Audhumbla, reported in the mythology of our old Teuton ancestors.

But (and now comes in that bane of true science, the unruly and unscientific facts) the infant thus scientifically fed will persist in a most ungrateful and entirely illogical way in not getting fat and kicking up his heels; on the contrary, despite the scientific proof that he ought to thrive, with a perversity which is very discouraging to true science he will persist in wasting away until people of unreasoning minds very disrespectfully hint at starvation, and we are driven to the necessity of framing such scientific words as *marasmus* and *inani-tion*, to explain the difference.

Brethren, there must be something wrong with the cow. Maybe she has been eating weeds, or maybe it is too near calving time. Something must be done. There are entirely too many skinny little angels going into that other world, that will have to be fattened up before wings can be fitted on them.

By and by the unreasoning and ignorant masses, *oi polloi*, will be saying that it is not weeds, but that the fault is in the breed, and will be wanting to go back to the unscientific old Durham again.

THE INTERNATIONAL MEDICAL CONGRESS.

THE ninth session of this great body was held as announced. President Cleveland made a sensible speech opening the Congress and Secretary of State Bayard made a scholarly address of welcome.

It was one of the largest gatherings of physicians known to history. There were few New Englanders, few New Yorkers and but one wing of the Philadelphia profession present. All of which goes to show that the "rowdy West" is a living entity.

The South, from which New York and Philadelphia have gained almost all their great surgeons, was also largely represented. The next session will be held in Berlin.

Now that the Congress is over, it would be a good idea for both sides to acknowledge defeat and declare peace.

It has been a defeat to the East, because the Congress has

not been a failure. It has been a defeat to the trumpeters of the old code, because, to make it a success, they were obliged to remove all qualifying safeguards and the consequence was that there were men in attendance, active participants, who could not gain admission to any respectable medical society in the United States.

If we had been at the Congress, and had the opportunity, we would have favored a committee on harmony, whose business would have been to adjust the differences between professional factions in America.

INTUBATION OF THE LARYNX.

It may be considered as settled that this procedure should be employed in all cases of stenosis so severe as to demand operative relief. Out of 806 cases of laryngeal diphtheria, in which it was used, 221, or 27.4 per cent., recovered. This is an excellent showing, in view of the numerous ways in which diphtheria destroys its victims. It is foolish for the practitioner to expect that intubation will cure the uræmia, the pneumonia, the paralysis following in the train of the local disease; but, it cannot be too emphatically stated, that in the vast majority of cases of laryngeal croup, stenosis as a dangerous factor may be eliminated by intubation.

Perhaps two hours' practice on the cadaver will enable the physician to approach this operation with that coolness and confidence in himself so essential to success. The apparatus, it is true, is somewhat expensive; but this objection could be overcome by placing one case of tubes at the disposal of several physicians, in some well known depository.

After witnessing personally the immediate relief afforded by the introduction of the tube, and the ease with which this can be accomplished, we would feel guilty of criminal negligence in permitting a case of laryngeal stenosis to die without resorting to intubation.

The statistics of tracheotomy and of intubation cannot be compared. Hundreds of fatal cases of the former operation have never been reported. No stigma is attached to an unsuccessful intubation, and a glance at the files of the medical journals will show how freely such have been reported.

In conclusion, we wish to draw attention to a valuable pamphlet on this subject from the pens of Jacobi, O'Dwyer and others, which we have just received.*

WASH YOUR HANDS!

THE tree which was planted by Semmelweiss, forty years ago has been watered by Lister, and now casts its beneficent shadow over all civilized nations.

But in our search for germicides, some not too often forget that antisepticism, like charity, begins at home. Are we sufficiently careful to clean our hands? No! We examine a series of cases in the office, a suppurating wound, a case of erysipelas, a uterine case having its origin perhaps in an old gonorrhea, and then, after giving our hands a hasty dip in cold water and drying them on a dirty towel, draw on a pair of necessarily impure gloves, and rush off to dig out a retained placenta in a miscarriage, or to attend a case of labor, perhaps dropping in on our way to pay a hasty call to some child suffering from scarlet fever or diphtheria.

True our puerperal cases often have fever, due *of course* to malaria, or to some defective water-closet plumbing, and that this leaves them weak for months or perhaps a year; or that a pelvic inflammation sets in, laying the foundation for much future gynecological work; or that our split cervices and perinea do not heal, but suppurate freely. Occasionally, too, we have a death from a mysterious disease called puerperal fever. Now, are these disasters due to poor nursing, to imprudence on the part of the patient, or are they visitations of Providence?

Most of the troubles following childbirth originate from disease germs, or, if you like the word better, from *dirt*, introduced too often by the hands of the physician.

How then shall we clean our hands? Not so readily as may be imagined.

In the first place, handle infectious matter as little as pos-

*INTIGATION OF THE LARYNX.—Papers read before the New York Academy of Medicine, by A. Jacobi, J. O'Dwyer, Francis Huber, D. Brown, etc. Reprinted from the *Medical Record*, June 13, 25, and July 23, 1887. New York: Trow's Printing and Book-binding Co., 20 East Twelfth street.

sible, and immediately after handling it wash your hands thoroughly. Before making examinations, especially in puerperal cases, or before operations, remove your coat, roll your sleeves above the elbows, and wash the hands and arms thoroughly with warm water and soap, first making certain that the basin is clean. Then take a large hand brush, with stiff bristles, which should always have a place in your bag, and having first washed it well with soap and water and soaked in sublimate solution 1:300, proceed to scrub your hands and arms thoroughly with warm soap-suds, paying especial attention to the parts under and around the finger nails and to the folds of the skin. This will occupy at least five minutes. With fresh water remove all traces of soap. Then repeat the scrubbing with a sublimate solution 1:500 or 1:1000. Do not dry the hand which you intend to use, or touch anything except the lubricant, if one is required. After taking all this trouble to clean your hands, do not nullify your work by using for a lubricant some dirty vaseline or grease which has been in use for some other purpose, but take clean moist soap.

Solutions of corrosive sublimate may be prepared off-hand by always carrying in your pocket or bag an alcoholic solution, a drachm to the ounce. A teaspoonful to a pint of water makes a solution about 1:1000. Sublimate should not be used with soapy water, as it causes a greasy white precipitate, or with dirty or bloody hands, as it "fixes" the dirt, producing indelible stains.

Many object to such treatment of the hands because it is apt to make them rough and "chapped." This difficulty is readily overcome by freely applying white vaseline on retiring, and wearing gloves during the sleeping hours. Another method of keeping the skin of the hands soft is to rub them thoroughly with about half a drachm of pure glycerine after washing and just before drying them.

All this takes time, but if by repeating it and taking other antiseptic precautions a thousand times we can prevent one attack of septicemia, it will be well worth our while, if only for the sake of following out the old precept of the great physician to do unto others as we would they should do unto us.*

*Consult highly interesting articles by Dr. Junius C. Hoag, of Chicago, in *American Journal of Obstetrics*, August and September, 1887—Puerperal Fever and its Treatment.

THE LAST WILL AND TESTAMENT.

PHYSICIANS, as a rule, belong neither to the very rich nor the very poor class of community.

They all accumulate some property, and are considered by the time they reach the age of fifty to be comfortably off in this world's goods. The only exceptions are those who suffer from lack of brains, lack of energy, or who are victims of intemperance.

This being a fact, every physician, when his time comes to die, leaves some hard-earned property; and what we now desire to urge is that it is a duty which each physician owes to his family to have his last will and testament always made, signed and witnessed, so that when death approaches he will not be worrying, because he has not carefully and deliberately put his property in such shape that his heirs will receive it intact, without any large portion of it going to lawyers and administrators.

How often we have seen men very sick, not hopeless, yet about whom we felt anxious. At such times the physician wishes his patient had his will made and all his affairs arranged, yet dreads to mention it, fearing he will think all hope is at an end and will be depressed to an unwarranted degree.

These cases should teach us that the only right way to do is to always have our business in readiness for our death.

Every physician has some books and some scientific apparatus. Second-hand medical works and instruments bring almost nothing when put upon the market; and we suggest that each physician in Southern California insert a clause in his will bequeathing all, or a part, of his medical works to the MEDICAL COLLEGE of the University of Southern California.

That institution needs a library, and by every physician in Southern California doing this, a library will be collected in the next half century that will surpass that of any medical institution in the United States. A half-century hence—1937—Ah! how few of us will be here then to read these precious volumes that we prize next to our own families.

DR. W. G. COCHRANE went East with the G. A. R.

EDITORIAL NOTES.

SUPRA-PUBIC CYSTOTOMY AND LITHOLAPAXY.—Keyes, in a valuable article,* while giving three successful cases, seeks to moderate the present craze for epicystotomy, and presents a cogent argument for its more rational employment.

In cases of stone in children, he considers the use of the high operation as equal to unjustifiable manslaughter, and supports this by quoting Bereskine, with a mortality of one in 4.71 in children less than five years old, while Keegan reports fifty-eight cases of litholapaxy in boys, with but one death. Unquestionable statistics show that in middle, aged or old men litholapaxy yields far less mortality than any cutting operation.

His conclusion is, therefore, that at the present day, "in the case of stone, litholapaxy is the proper operation at all ages. When, for any reason, this operation is not practicable, perineal lithotomy is the operation of choice, for small and moderate-sized stones. The high operation is suitable for large stones, encysted stones, some foreign bodies, and for most tumors and perhaps a few other exceptional cases."

MORE DEATHS FROM PASTEURIZATION.—One of these deaths occurred sixty days after being bitten, and forty-five after undergoing Pasteur's treatment; the other 116 days after being bitten, and 101 after Pasteurization. The sinister query naturally suggests itself: Were these deaths the result of hydrophobia produced by the bite or by the treatment? None of the old excuses will suffice—they were not wolf-bites, nor was the treatment applied too late.

While constructing an answer to this query, the Pasteurites may as well solve the following problems: Did Goffi die from the bite of a mad cat, or from the treatment?

Lord Doneraile was bitten by a mad fox and almost immediately treated by Pasteur. He died. Why? His coachman, bitten at the same time by the same fox, is alive and well. Why did he not die?†

PYOSALPINX IN ITS RELATION TO PUERPERAL FEVER.—The patient suffered from symptoms of general peritonitis

*Journal of Cutaneous and Genito-Urinary Diseases, July, 1887, p. 242.

†See Medical Standard, September, 1887, p. 78. According to some reports the coachman was also treated by Pasteur,

with pelvic suppuration. Vaginal touch found a large baggy mass on left side of uterus.

Operation on 30th day of puerperium—patient almost dying. Through a one and one-half inch abdominal incision the left ovary and tube were removed. The tube, which was distended with pus to nearly the size of the uterus, was separated from its dense adhesions with great difficulty. A large cheesy mass on the bowel at a point of adhesion was trimmed down with scissors, and Monsell's solution applied to bleeding points. Drainage, recovery.

To Dr. J. M. Baldy, a young gynecologist of Philadelphia, is due all honor for the boldness and skill shown in this, the first successful operation of the kind on record. Three similar operations have been done in that city; but one of these (made by Dr. Joseph Price) was successful.

Such collections of pus in the pelvis are generally (when not overlooked) evacuated by the surgeon through the vagina. It is as yet too soon to decide on the comparative merits of the two methods; but at present the current of opinion sets strongly toward laparotomy.

ANTIPYRINE, hypodermatically, eight grains in eight minims of distilled water, is used by G. Sée for the relief of pain. The only unpleasant effect is a localized feeling of tension. Acute rheumatism and gout, neuralgia, angina pectoris, asthmatic paroxysms, nephritic and hepatic colic, are among the affections thus treated. As we have seen, successively, hypodermatic injections of water and of chloroform vaunted as much superior to morphine, and have found by experience that the former is without effect, while the latter *causes* the most intense pain, we will suspend judgment on this new use for antipyrine until further evidence is received.

PYELITIS should be suspected when the urine is purulent, micturition is frequent and painful, and there is no history of venereal disease, or demonstratable lesion of the urethra or bladder.*

AN autobiography of the late Prof. Gross has been published by Barrie, Philadelphia, in two octavo volumes of 400 pages each.

*Chilworth, *Journal of Cutaneous and Venereal Diseases*, August, 1887.

CORRESPONDENCE.

FROM DR. BRAINERD.

GRINNELL, Iowa, Sept. 21, 1887.

MY DEAR DOCTOR: I had hoped to send you some account of the meeting of the International Medical Congress in time for the September number of the PRACTITIONER, but my time has been so fully occupied that I have found no time for writing. Suffice it to say, that it was the greatest medical gathering ever held in the New World, and only one greater gathering ever held, and that was the 7th Congress which met in London in 1881. Even those parties that have done their utmost to detract from and cripple the 9th Congress, have to admit that its success in point of attendance was unexpected and unparalleled, but comfort themselves for not appearing on the programme by saying that the scientific work done by the Congress was not of much account. The volumes of printed transactions will refute this latter statement thoroughly, as the attendance did their prophecies in regard to the numbers that would be present. It is truly unfortunate that some of the brightest medical lights in New York and Philadelphia should have failed to attend: but I think their eyes have been opened, and the eyes of the whole medical world, to the fact that *all* light does not emanate from them.

* * * * * * *

Very truly yours,

HENRY G. BRAINERD.

NEW LICENTIATES.

SAN FRANCISCO, Sept. 14, 1887.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER:

AT the meeting of the Board of Medical Examiners, held August 3d, 1887, the following physicians, having complied with all the requirements of the law and of the Board, were unanimously granted certificates to practice medicine and surgery in the State:

Henrietta Brown, M. D., San Francisco, Minnesota Hospital Medical College, Minn., February 28, 1876.

Jose Reyes Bruciago, M. D., San Francisco, Board of Public Instruction, City of Mexico, November 11, 1887.

Thos. A. Crowell, M. D., Los Angeles, Jefferson Medical College, Penn., March 11, 1875.

Robert B. Dary, M. D., San Diego, Jefferson Medical College, Penn., March 7, 1868.

Hiram Duncan, M. D., Dixon, College Physicians and Surgeons, Iowa, February 17, 1876.

Wilson Peter Kern, M. D., Wordhoff, University City of New York, N. Y., March 6, 1886.

George Wild Linn, M. D., Los Angeles, Medical Department University of Pennsylvania, Penn., March 12, 1872.

Emma L. Lutro Merritt, M. D., San Francisco, Medical Department University of California, Cal., March 7, 1881.

George M. Merritt, M. D., San Francisco, Medical Department University of California, Cal., November 10, 1882.

George H. Mitchell, M. D., Phoenix, A. T., Medical Department University of Pennsylvania, Penn., March 14, 1861.

John Resley, M. D., Pasadena, Ohio Medical College, Ohio, March 5, 1844.

Augustus Francis Schafer, M. D., Gilroy, Bellevue Hospital Medical College, N. J., March 14, 1887.

Will L. Wade, M. D., Los Angeles, Medical College of Indiana, February 28, 1879.

Reinhard Weringh, M. D., Alhambra, Rush Medical College of Chicago, Ill., February 21, 1882.

Horace B. Wing, M. D., Los Angeles, Chicago Medical College, Ill., March 29, 1887.

The following were granted certificates September 7, 1887:

Henry B. Bessac, M. D., San Diego, University of Michigan, Mich., March 26, 1873.

F. R. Burnham, M. D., San Diego, Detroit Medical College, Mich., Feb. 28, 1877.

Albert V. Gates, M. D., Ono, Shasta county, Jefferson Medical College, Penn., March 11, 1870.

W. Scott George, M. D., Monrovia, Kentucky School of Medicine, Ky., June 30, 1887.

John R. Haynes, M. D., Los Angeles, University of Pennsylvania, Penn., March 12, 1874.

Francis L. Haynes, M. D., Los Angeles, University of Pennsylvania, Penn., March 14, 1871.

Robert W. Haynes, M. D., Los Angeles, University of Pennsylvania, Penn., June 15, 1881.

J. A. Landis, M. D., San Diego, Medical Department University of Nashville, Tenn., March 1, 1860.

T. J. McCoy, M. D., San Diego, Kentucky School of Medicine, Ky., June 29, 1880.

Frederick H. Muffe, M. D., San Francisco, University City of New York, N. Y., March 8, 1887.

G. Walter Otto, M. D., San Francisco, University Leipzig, Germany, August 4, 1877.

Sherman H. Washburn, M. D., Elsinore, Detroit Medical College, Mich., July 10, 1872.

Hal. W. Wyman, M. D., Los Angeles, Michigan College of Medicine, Mich., March 3, 1883.

The application of Luther M. Davis, of Walla Walla, W. T., Joplin College of Physicians and Surgeons, was by unanimous vote refused, on account of insufficient credentials. The Board, together with the State Board of Illinois, refusing to recognize the diplomas of said Institution.

The application of J. H. Patty, of San Francisco, holding a diploma from the Kansas City College of Medicine, Mo., was unanimously refused on the same grounds as the above case.

WM. M. LAWLOR, M. D., Secretary.

SPECIALS.

PARKE, DAVIS & Co. secure the attention of the profession to their advertisements by always having something new in them. This month they begin a series of instructive articles on pharmacutics.

Dr. Nathan S. Davis of Chicago, whose portrait appeared in a recent number of THE SOUTHERN CALIFORNIA PRACTITIONER and who was President of the International Medical Congress, is a Prohibitionist, a Democrat and a member of the Methodist Episcopal church. Heterogeneous?

P. Roscoe McNulty, who deserted Los Angeles for the richer pastures of San Francisco, is in the toils, and is beginning to realize that the way of the transgressor is hard. Young men who believe that in quackery they see a short road to success will find that they have made a sad mistake when they cut loose from legitimate, scientific, ethical medicine.

The medical college building has been extensively remodeled.

Dr. H. H. Maynard is one of the owners of the Simi Ranch.

Dr. Ainsworth of Riverside was in Los Angeles last month.

Dr. Lane said he enjoyed reading the address of Dr. C. L. Ford in the July PRACTITIONER.

Dr. B. D. Collins was called to Los Angeles professionally, from his home in San Bernardino, last month.

Dr. L. C. Lane of San Francisco, said he was proud of the high standard demanded by the Los Angeles Medical School.

We are informed that many malpractice suits in California were dismissed when Dr. Graves of Petaluma finally came off victorious.

The Medical Record for September 10 is cyclopedic in size and physicians who desire full reports of this great meeting should secure a copy.

Dr. Remondino, of San Diego, read a valuable paper on the Climate of Southern California before the Climatological Section of the International Medical Congress.

Dr. H. F. Adams, of Colton, writes as follows: "I attended the 9th International Medical Congress, September 5th. Have just returned home. My essay was on Climatology. The Congress was a grand success."

Mrs. Louise Hagenow (hag, you know) and Henry Pakelhoff have been indicted for murder and criminal abortion by the San Francisco Grand Jury, and now languish behind the bars. Their victim was Louise Duchow.

THE SOUTHERN CALIFORNIA PRACTITIONER is greatly indebted to Wm. Wood & Co., of New York—the publishers of *The Medical Record*—for advance sheets giving full reports of the proceedings of the International Medical Congress. Such generous enterprise is very creditable.

Dr. Remondino, of San Diego, was the victim of a suit for damages, the basis of which was that the Doctor was said to have given his opinion that a patient had small-pox, and thereby damaged the business of the hotel in which the sick person was boarding. The case was dismissed, on the ground that a physician has a right to give an opinion on such matters. Yet this villainous suit cost the Doctor one thousand dollars, besides his time and worry.

BOOK REVIEWS.

THE MODERN TREATMENT OF DISEASES OF THE HEART:
A Manual of Clinical Therapeutics. By Prof. DUJARDIN-BEAUMETZ,
Member of the Academy of Medicine, etc. Translated from the
Fourth French edition by E. P. HURD, M.D., President of the Essex
North District Medical Society, etc. Vol. I. Pages, 179. 1887,
Being No. 2 of Physicians' Leisure Library. Published by George
L. Davis, Detroit, Michigan. For sale by Stoll & Thayer, No. 3
South Spring street, Los Angeles, Cal. Price, 25 cents.

In this compact volume the author, deservedly famous for his writings on therapeutics, has formulated rules and given directions which will enable the practitioner to administer cardiac medicaments with the greatest chance of success and the least risk. In a well-written preface the translator gives a very useful little diagnostic table, and records all that is known of the newer cardiac tonics, so that the whole forms a complete essay and one fully abreast of the latest researches.

It is impossible, in our limits, to outline this important and exhaustive work. We will merely note, that the first place among cardiac tonics is accorded to digitalis, while convallaria is regarded as a safe, though somewhat uncertain, drug.

"Whenever," he says, "you have a patient in the last stages of heart disease, where everything has been tried, and everything has failed, you may resort with confidence to caffen, and administer it in the dose of 20 to 30 grains a day, and you will often attain effects truly marvelous."

A mere glance at this volume will readily show that the author is a man of erudition as well as originality, who gleans from the whole field of contemporaneous medical literature, and who, while making thoroughly practical contributions from the fruit of his own researches, is ever ready to give credit to others for their useful discoveries.

A PRACTICAL TREATISE ON DISEASES OF THE HAIR AND SCALP. By GEORGE THOMAS JACKSON, M.D., Instructor in Dermatology in the N. Y. Polyclinic; Assistant-Visiting Physician to the N. Y. Skin and Cancer Hospital; Member of the N. Y. Dermatological Society, etc. New York: E. B. Treat, 771 Broadway. 1887. Price \$2.75. Being No. 9 of Treat's Classics Series. For sale by Dr. E. F. Buzett, agent for Southern California. Address Stoll & Thayer, No. 3, South Spring street, Los Angeles, Cal.

The aim of this book is to present a concise statement of what is known of diseases of the hair and scalp. Especial attention is paid to their diagnosis and treatment; from the portions devoted to the latter, we must acknowledge the ac-

quisition of much valuable knowledge. Indeed, the work is in every respect full and satisfactory, and anyone desiring information on these subjects can turn to it with entire confidence.

Aside from its great practical value, we are entertained by much curious information.

Thus, in cases of sudden blanching of the hair, the change of color is dependent upon the formation of air bubbles between the hair cells of the cortex, its presence rendering the cortical substance opaque, and obscuring the color of the pigment. This is proven by placing one of the affected hairs in hot water, ether, or turpentine, when the air bubbles will be driven out and the hair will resume its normal color. Ordinary canities are due to interference with pigmentation, to which infiltration with air is merely secondary.

Great stress is laid on the importance of ridding the hair of the newborn of the *vernix caseosa*. To this end saturation of the scalp with sweet almond oil, followed by soap and water, is advised. The use of the fine-toothed comb for this purpose is mentioned with just abhorrence.

Cases are given showing the power of jaborandi or its alkaloid in increasing the growth, or changing the color of the hair; and sublimate applications are mentioned with approval in the treatment of certain cases of baldness.

Dandruff, or seborrhœa sicca, is a disease which we are all called upon to treat, and which we all do treat—with neglect. Our author believes it to be the most frequent cause of premature baldness, and gives very explicit advice as to its treatment. The scalp is first thoroughly cleaned, by application of sweet almond oil for twenty-four hours, next by soapsuds or tincture of green soap. After drying thoroughly, remove hyperæmia by vaseline or rose ointment; next, apply every morning an ointment of a drachm of washed sulphur to an ounce of vaseline. If the scales form very rapidly, apply the oil every night and the sulphur ointment every morning, and wash the head every second or third day. The following formula J. has used, with excellent results, in such cases:

Hydrarg. Ammon.	1 drachm.
Hydrarg. Chlorid. Mitis.	2 drachms.
Petrolati,	1 ounce.

S. Apply twice daily.

We earnestly advise our readers to purchase this modest little book. It will be found replete with just such practical points as those we have borrowed.

SEXUAL IMPOTENCE IN THE MALE AND FEMALE. By WM. A. HAMMOND, M. D., Surgeon-general U. S. Army (retired list); Professor of Diseases of the Mind and Nervous System at the N. Y. Post-Graduate Medical School, etc. Detroit: Geo. S. Davis. 1887. For sale by Stoll & Thayer, No. 3 South Spring street, Los Angeles, Cal.

This versatile writer knows how to interest us, whether writing novels or medical works. The latter products of his brain we have always enjoyed the most.

In the book before us, impotence and allied diseases are exhaustively treated, and many novel and curious facts and cases are given. The subject is treated philosophically, and we are taught to believe that sexual criminals are frequently more to be pitied than blamed; that they are victims of a real disease. The old motto, *obsta principiis* — oppose the beginnings — seems especially applicable to those disease-crimes, so many of which have their origin in masturbation and kindred practices.

Those strange genesic perversions, by which men or women are led to perform sexual acts with those of their own sex, or with various articles of clothing, are thoroughly discussed. In one case, the patient's whole existence was absorbed in the alternate excitement and depression caused by the sexual orgasm, which he provoked in no other way than by assaulting young girls in the street and puncturing their arms with a lancet. In another the confession was made that voluptuous feelings were produced *only* by the sight of the genital organs of a man. Now, a distinction is to be drawn between such cases and the acts of the jaded voluptuary endeavoring by unnatural means to titillate his satiated senses.

Many of those curious cases of impotence due to mental causes are given. A man became impotent on moving into a new house, and was finally cured by going back to the old house for a night, and then moving all the bed-room furniture from the chamber in the old house to the new one. H. wittily compares this man to the boy who, when reproved for bad spelling, told his teacher that he could not get the hang of the new school-house.

Obesity is given as a cause of impotence, not only by forbidding access, but also by preventing in some mysterious way the power of erection. Some facts are mentioned which would lead us to believe that nitrate of potash, in doses of

fifteen grains, three times daily, has a powerful and long continued anaphrodisiac effect.

Spasmodic stricture is credited with the power of preventing ejaculation, as is also paralysis of the compressor urethræ.

In treating these cases, the most importance is attached to moral and hygienic means. Then electricity is much praised, while the bromides are advised to allay erethism and spasm, and strychnia where a stimulant is needed.

We believe these subjects are of such importance to every physician, that he will find it well worth his while to read this work.

THE AMERICAN SYSTEM OF GYNECOLOGY. By American Authors. Edited by Matthew D. Mann, A. M., M. D., Professor of Obstetrics and Gynecology in the Medical Department of the University of Buffalo, N. Y. Vol. I. Illustrated with three colored plates and 201 woodcuts. Philadelphia: Lea, Brothers & Co. 1887. Being the first volume of the American Systems of Gynecology and Obstetrics, to be completed in four octavo volumes of about 900 pages each. Prices per volume: cloth, \$5; leather, \$6; half-Russia, \$7. Payot, Upham & Co., General Managers, 204 Sansome street, San Francisco.

America is the birth-place of modern gynecology, and the fulness of time has brought us at last a distinctively American cyclopædic treatise on the subject.

With a deserved allusion to the excellence of the mechanical work, we will pass on to brief mention of the several essays comprising the volume.

As is fitting, the first article, by Prof. Jenks, deals with the history of the subject from an American standpoint, giving a most interesting account of the achievements of our forefathers and due recognition to the claims of the present generation. McDowell's wonderful operation is vividly described, and all credit given to the surgeon who first possessed the daring to attempt and the skill to perform ovariectomy. If this great man, instead of "adding 40,000 years to the sum of human life," had in the pursuit of military glory succeeded in killing half a million of men and in maiming a million more, his deeds would be heard in song and story; men and women, youths and maidens would delight to do him honor while he lived, and to raise unto him dead one of those monuments popularly supposed to keep green the memory of heroes. But McDowell needs no such monument, for his memorial inscription is written in the heart of the American surgeon,

and the living letters will endure longer than hewed stone or carved brass. And for generations to come we will turn with ever growing gratitude to the modest records of that life, whose untrumpeted labors have saved many, shall save more, from lingering and painful death.

As a curious instance of the tendency of surgery to repeat itself, it may be noticed that in his first ovariectomy McDowell evacuated the cyst with the knife, a method now coming into general use especially in Germany. It is also worthy of remark that the long delay in the recognition of this operation was largely due to the lack of literary excellence in the report of his cases.

Prof. Jenks concludes his sketch with these words: "With the increasing facilities which increasing wealth and its accompaniment of growing freedom from the mere money-getting obligations resting on physicians, and the enthusiasm for their work which seems to an extent to be peculiar to workers in this field, the future of gynecology in this country is big with hope and promise."

The chapters by Garrigues on the Development of the Female Genitalia, and on their malformations, are written with his usual painstaking thoroughness and lucidity. The possibility of the existence of true hermaphroditism is considered to have been verified by at least one case, that of Heppner, in which not only were a prostate and both testicles found, but, also, vagina, uterus and ovaries. A full account is given of the famous Catherine-Carl Hohmann, who menstruated irregularly, and who, after enjoying intercourse with a male lover for twenty years, took unto himself a wife, and "has lived happily with her ever since."

The Anatomy of the Genitalia is ably described by Coe, not so much from the point of view of the dissector standing by the dead body, as from that of the clinician examining a living woman. We wish that this well-known writer were not so fond of polemics—of setting an opponent up for the purpose of knocking him down. But this is the only criticism that should be made on the essay, which will bear most careful study.

Grandin's article on Gynecological Diagnosis is too full of important advice to be epitomized. Left ovarian pain, he finds, is often due merely to constipation. The dorsal position

is the best for digital examination, and with the valve speculum for application to the vagina and external os; for all other purposes, the left lateral position, with Sim's speculum, is to be preferred. For rapid dilatation of the cervix, the steel branched dilator is preferred; and the tupelo tent in cases of excessive rigidity.

Dudley's essay on the General Consideration of Gynecological Surgery is especially valuable for its minute directions as to antiseptics.

Skene discusses General Gynecological Therapeutics. He still maintains that local applications to the endometrium are sometimes desirable, if not indispensable, in treating endometritis. Hot water injections, he says, are very liable to do harm, when used after plastic operations. For corporeal endometritis, with thickening, the curette is very useful. With one recommendation we must emphatically disagree: to use a glass pipette with rubber ball for applications to the endometrium. With this clumsy contrivance, the injection of air, resulting in pain, if not danger is made very probable. Braun's syringe, with its tip wrapped in absorbent cotton, used as an applicator, is safe and efficient. Heroic measures, such as applications of powerful acids, are discarded by Skene.

Full and definite directions as to the use of Electricity in Gynecology are given by Rockwell. It would seem that this agent has been applied with benefit in a great variety of the diseased conditions of the sexual organs. Perhaps in extra uterine pregnancy alone is its value sustained by strong testimony from competent observers.

The chapter on Menstruation and its Disorders is written by Wylie with all his wonted originality and force. Dysmenorrhœa, he thinks, is due to a hyperæsthetic condition of the mucosa, at or near the internal os, combined with more or less stenosis or induration at that point. The usual classification causes only confusion. He chiefly relies in local treatment or dilatation, with Sim's instrument, to the extent of one-third inch, repeating the procedure several times if required, and following it by applications of pure carbolic to the endometrium through the cervical protector.

The articles on Sterility, by A. Reeves Jackson, on Diseases of the Vulva, by Mann, and on Inflammatory Affections of the Uterus, by Palmer, are thorough and practical and fully up to the high standard of the work.

Dr. Richard B. Maury, of Memphis, in writing on periuterine inflammation, goes thoroughly through the evidence, and after referring to Polk's article (published in the first volume of the *Transactions of the Association of American Physicians*), says emphatically: "This evidence is adduced here in full, in order to show that the common, everyday form of chronic, pelvic inflammation, which attracts the attention of the gynecologist, as well as the simple, acute pelvic inflammation, which is met with unconnected with septicemia, is pelvic peritonitis associated with disused appendages, and is not pelvic cellulitis."

It is noteworthy that many cases of this sort do not show a pelvic tumor before operation, "but we have nothing to guide us but the more or less constant pelvic pain, and recurring attacks of inflammation."—*Savage*. In many such cases there is a purulent salpingitis, the uterine mouth of the tube being open.

In the article on Hæmatocele, by Van de Warker, we are advised not to evacuate until the symptoms show that the contents of the sac are degenerating into pus.

As has been stated modern gynecology is a child born of American parents, on American soil; but it is a fact not flattering to national self-esteem that the child has been wet, nursed on European milk, until the nurses have shown some disposition to set up a claim to parentage. The present work is doubly welcome in that it shows a most decided intention on the part of the American mother to reassert her parental authority.

DIARRHEA AND DYSENTERY. Modern Views of their Pathology and Treatment. By A. B. PALMER, M. D., Professor of Practice of Medicine in University of Michigan. Pages 121. Being No. 3 of Physicians' Liesure Library. George S. Davis, Detroit. 1887. For sale by Stoll & Thayer, No. 3 South Spring street, Los Angeles. Price 25 cents.

In reading this excellent little book, we were surprised to note the large quantity of new and interesting matter which Prof. Palmer has accumulated on such seemingly trite subjects. Old remedies have not been displaced, but new explanations have been given of their modes of action. Thus castor oil, which was once given to remove peccant humors, is still used, but now rather for the purpose of expelling ptomaines and microbes. But all roads lead to Rome, and after all the important part of treatment is to cure your patient, whether or not you know how the remedies act; and this end our author keeps well in view.

THE TECHNIQUE OF TRACHEOTOMY AND INTUBATION OF THE LARYNX. By CHAS. G. JENNINGS, M. D., Professor of Chemistry and Diseases of Children, Detroit Medical College. Reprint.

This is a clear and concise description of tracheotomy and intubation. We find it difficult to agree with the author's opinion as to the difficulty of performing tracheotomy, and think that anyone blessed with sufficient intellect to practice any branch of medicine should be able to go through the operation with credit to himself, if only he will first read Prof. Jennings's little pamphlet, spend five minutes in locating the cricoid cartilage and the thyroid arteries in his own neck, and five minutes more in taking a sly peep at the cuts in blessed old Gray. Let him not forget, also, to provide himself with hæmostatic forceps to catch all bleeding vessels, and a catheter to admit air to the lungs should the child be unable to breathe from tracheal accumulations of membrane, even after the windpipe is opened. We have frequently seen practitioners, with no pretensions to surgical skill, make the operation, and make it well. As to anesthetics before tracheotomy, they are generally unnecessary, and their use, by interfering with respiration, causes more suffering than the comparatively slight incisions. Moreover, the poor little sufferer always needs all his strength in his terrible battle for breath. Just two more words: Do not perform tracheotomy until intubation fails; and if you have not gall enough to witness with perfect self-possession a patient now and then die on the table, do not do it at all, but call in a friend to do it for you.

A recent writer states that adults who have been tracheotomized without anaesthesia, declare the operation to be almost painless.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA. Session of 1887. Pages, 434. San Francisco: W. B. Bancroft & Co., Printers, 49 First street.

Among much that is excellent, in this well-printed volume, we will be able to notice but a few papers.

Progress in Medicine, by Dr. Kerr, of San Francisco, gives an interesting and complete account of recent additions to our knowledge. The treatment of disease, he wisely concludes, "must be based upon clinical observation. There is too much book medicine at present, too great a tendency to regard the

sick as something closely akin to a vessel containing certain noxious ingredients, which are neutralized by the addition of certain antidotes."

In the article on Disasters in Surgery, by Dr. Huntington, of Sacramento, we are reminded that there is no royal road to success in this great field. Asepsis, we are told, should be our guiding star, and its utility can no longer be questioned. The author shrewdly points out the fact, "that to the lack of efficient drainage are traceable many of the most distressing casualties" of wound treatment. But few of us will fail to receive material benefit from this modest little essay.

In some short remarks on Electricity in Gynecology, Prof. Wythe, of Oakland, gives us the details of several grave cases of uterine fibromata cured by the persistent use of electricity. Success in this treatment, he says, depends on the "persevering application of the remedy." We are glad to see that the Doctor advocates a safer method than electrolysis, which has hurried so many women to untimely graves.

LETTERS OF TRAVEL. By MRS. L. C. LANE. Published by A. L. Bancroft & Co., San Francisco.

We often have to review the printed volumes of medical men. To review a volume by the wife of a physician is a task which does not so often fall to the lot of the editor.

"Letters of Travel," by Mrs. L. C. Lane, is the unpretentious title of an exceeding readable book. The writer is the wife of Dr. L. C. Lane, the founder and President of Cooper Medical College of San Francisco. The letters cover a circuit of travel embracing the British Islands, northern and central Europe, and portions of the Orient. For freshness of description, and as a specimen of clear, clean-cut Anglo-Saxon, they are well worth reading.

OVARIAN pain, hemicrania and the nervous symptoms common to women suffering from sexual diseases, and nocturnal pollutions in males, are treated satisfactorily by Jonathan Hutchinson with fluid extract of *salix nigra*, or pussy willow, one-half drachm three times a day. Paine, of Texas, originated this treatment.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION, FOR AUGUST, 1887.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.
Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.
Los Angeles, California. Month of August, 1887.

DATE	MEAN BAROME- TER.	TEMPERATURE			Precipitat'n in inches & Hundredths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	29.38	68.3	81.5	53.9	T	Mean Barometer, 29.854
..... 2	29.39	67.7	81.5	57.5	.00	Highest Barometer 29.994 date 5.
..... 3	29.88	67.7	82.0	58.3	.00	Lowest Barometer, 29.738, date 20.
..... 4	29.91	68.0	82.5	57.2	T	Monthly Range of Barometer, .256
..... 5	29.96	67.0	83.0	52.1	.00	Mean Temperature, 68.5.
..... 6	29.87	69.3	87.2	55.5	T	Highest Temp'ture, 93.6, date 20, 21
..... 7	29.82	68.0	84.5	53.7	T	Lowest Temperature, 52.1, d. 5, 18.
..... 8	29.84	68.7	79.	60.5	.00	Monthly Range of Temperature, 41.5
..... 9	29.92	69.7	85.0	58.5	.00	Greatest Daily Range of Temper- ature, 35.3.
..... 10	29.94	67.0	79.4	52.3	.00	Least Daily Range of Tempera- ture, 11.6.
..... 11	29.87	67.3	83.0	55.7	T	Mean Daily Range of Tempera- ture, 25.1.
..... 12	29.88	68.0	82.2	56.3	.00	Mean Temperature this Month.
..... 13	29.87	68.7	84.0	57.3	.00	1879.. 69.5 1882.. 71.0 1885.. 72.7
..... 14	29.88	67.3	82.5	54.2	.00	1880.. 66.4 1883.. 69.8 1886.. 71.8
..... 15	29.87	66.7	81.0	52.6	.00	1881.. 69.4 1884.. 71.3 1887.. 68.5
..... 16	29.81	68.3	82.5	57.6	.00	Mean Daily Dew Point, 61.5.
..... 17	29.76	66.7	82.0	52.4	.00	Mean Daily Relative Humidity, 80.9
..... 18	29.81	68.7	84.0	52.1	T	Prevailing Direction of Wind, W.
..... 19	29.83	73.0	92.0	57.5	.00	otal Movement of Wind, 4030 miles.
..... 20	29.78	76.0	93.6	62.4	.00	Highest Velocity of Wind and Direction, 18 miles, W.
..... 21	29.80	74.0	93.6	58.3	.00	Total Precipitation, T
..... 22	29.81	72.3	87.0	59.8	.00	Number Days .01 inches or more Rain fell, 0.
..... 23	29.79	70.0	83.5	61.9	.00	Total Precipitation (in inches and hundredths) this Month
..... 24	29.80	69.0	81.0	62.4	.00	1879.. .00 1882.. .00 1885.. T
..... 25	29.83	68.3	79.5	60.3	.00	1880.. .00 1883.. .00 1886.. .21
..... 26	29.84	66.7	78.5	59.3	.00	1881.. .00 1884.. .02 1887.. T
..... 27	29.82	68.0	80.0	60.3	.00	Number of Foggy Days, none.
..... 28	29.81	68.0	81.0	59.3	.00	" " Clear " 11
..... 29	29.83	66.3	76.5	61.7	.00	" " Fair " 20
..... 30	29.88	66.0	73.0	61.4	.00	" " Cloudy " 0
..... 31	29.88	66.7	77.5	55.7	.00	Dates of Auroras, none.
						Dates of Solar Halos, none.
						Date of Lunar Halos, none.
						Dates of Frost, Light, none.
						Killing, none
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew
The T indicates trace of precipitation.

GEORGE E. FRANKLIN,

Sergeant Signal Corps.

NOTES: Barometer reduced to sea level and standard gravity.

TRUE merit will win without quackery. The respect and good will of his fellow-practitioners is the best advertisement a physician can have. Some of our regular profession get on the verge of quackery. Be careful. The time may come when they will need the friendship of the profession.

THE SOUTHERN CALIFORNIA PRACTITIONER.

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ORIGINAL.

CATALINA ISLAND MINERAL SPRINGS.

BY T. J. MCCARTY, M. D.,

Professor of Chemistry and Toxicology in the Medical College of the University of Southern California.

A FEW weeks past a sample of mineral water from a spring on Catalina Island was placed in my hands for analysis, and after preliminary examination I found it to be of such quality as to merit close investigation; but the quantity furnished was small and the data incomplete, so I determined to visit the island, and inspect the various springs that were reported there, and procure a sufficient supply of water. I made the visit, and investigated and procured samples from a half-dozen springs, and below appears the analysis of water from one more highly charged with saline matters than any of the others examined. The spring is found at an elevation of several hundred feet and contains—

In one pint:	GRAINS
Sodium Chloride	79.5
Magnesium Chloride	21.0
Magnesium Sulphate	32.5
Sodium Sulphate	20.5
Calcium Sulphate	6.0
Magnesium Carbonate	2.0
Iron and Aluminum	traces
Total solids	161.5

This water would be classed among the purgative mineral waters, and as such will commend itself.

I have not been able to make complete analysis of the waters from other springs, but hope to do so at some early day; how-

ever, they all contain about the same salts in varying quantities and proportion. The springs though not flowing copiously are quite numerous and vary in taste from the intensely saline down to excellent drinking water, free in so far as taste is concerned from saline admixture.

These springs when well developed will, I have no doubt, form one of the many advantages to the invalid that the island already enjoys.

Mineral waters have in all ages been recognized as potent factors in the cure of disease; and although closely imitated in the laboratory, yet science has never been able to produce waters that contained the virtues of the natural springs. Some ingredient has remained undiscovered, the absence of which has impaired the efficacy of the artificial product. While natural mineral waters are superior to artificial ones, wherever they may be consumed, they are still more beneficial when dispensed at their fountain head, and this is in no doubt partly due to the hygienic surroundings that the consumer usually enjoys at the springs and the change of life and habits that are forced upon him. The more cheerful and inviting his environments while undergoing treatment at springs the more likely will benefit accrue therefrom. Thus, while the waters of Catalina possess truly intrinsic worth, I think their value will be enhanced by the fact that they are situated at Catalina, a place most favorably adapted to the wants of the invalid.

During my stay at the island, and owing to the thoroughness of my explorations, I could not help being impressed with the belief that at no distant day Catalina will become second to none in California as a refuge for the invalid. Its nearness and easy access to the mainland, its topography, its equability of temperature, relative absence of fogs at its most attractive places, and diversity of pleasures which it naturally affords, coupled with those which art can furnish, will contrive to make it popular. The boating and swimming at Catalina, to those who can and do enjoy such pleasures, are faultless. The water is warmer than at the mainland, the fishing usually is good, and wild game of the small variety is abundant. A journey on burros through the cañons and over the mountains, following the thousands of sheep and goat trails, is an experience full of pleasure to those who can endure the few

hardships incident thereto, and those who delight in the study of archaeology, geology and mineralogy will there find a tolerably rich field for exploration, and enough to keep them employed in an easy way for a considerable time, while strolls along the sea shore, at almost any point, will reward the collector who hungers after the strange forms cast up by the sea.

There are many who suffer and yet can endure "roughing it" and be benefited by rowing and sailing, swimming, horse-back rides over mountains and rambles along the coast and into valleys. But many others are unable to participate in such active pleasures, and to such as these the island with its several quiet little harbors and valleys affords retreats sheltered from chilling winds and almost exempt from fogs, where the pure, invigorating sea air is always present, as untainted as in mid-ocean, where the temperature is mild and equable and where the changes from day to night are not so marked as on the mainland. These are features of considerable magnitude when considering the selection of a health resort, and when the mineral springs are developed, the island equipped with all the modern conveniences for comfort, which soon will be supplied, there will be at this place one of the most famous health resorts on the Pacific coast.

ON THE TREATMENT OF PILES BY INJECTION OF CARBOLIC ACID.

BY FRANCIS L. HAYNES, M. D., LOS ANGELES, CAL.

I HAVE frequently made Allingham's ligature operation. It is easy and effectual, but is followed by retention of urine and great pain, lasting in some cases seven days. One of my cases died from lockjaw, and a similar result followed in a case in the Episcopal Hospital of Philadelphia.

The great objection to this and other operations is that they are operations and involve the use of ether and rest in bed.

Do we possess in carbolic acid injections a safe, speedy and painless cure for internal piles? A brief narrative of some cases so treated will perhaps answer these questions.

A.—TREATMENT BY WEAK SOLUTIONS.

I. Wm. C., aged forty-three, having suffered for thirty years, began treatment October 19th, 1882. The tumors were small, hard and painful, and the rectum protruded to the extent of one inch.

Five minims of the following solution were carefully and slowly injected through a fine, sharp needle into the most prominent pile:

R. Crystallized carbolic acid, gr. i.

Glycerine and distilled water of each grs. vi.

(See Kelsey, *N. Y. Med. Jour.*, Aug. '82, p. 131.)

This procedure was repeated three times, at intervals of ten days, and resulted in complete cure. Each injection was followed by moderate pain, lasting two or three minutes.

Five months afterward, he reported that the cure was permanent, though he had been very intemperate, and had suffered both from diarrhea and from constipation.

II. Annie L., aged forty, multipara, a severe case of ten years duration. The treatment described under case I was used at four different sittings. Each injection was followed by severe pain, lasting sometimes three days and by slight sloughing. The result was a temporary cure, but as the cause, constipation, remained, a speedy relapse ensued.

III. Captain McD., aged fifty, had suffered for twenty years from very large piles which at times bled so profusely as to endanger his life. The treatment described cured him in ten sittings, by producing large sloughs. The pain following each injection was intense, and lasted, on some occasions, two days. By careful treatment, constipation was relieved, and the patient three years afterward had not relapsed.

IV. John G., aged thirty. Two five-minim injections, of the same solution, resulted in sloughing and cure of two large piles. At the end of three years, as the result of intemperance, hard work and constipation, this man was as bad as ever.

V. Jane A., aged twenty-five, multipara, suffered severely from piles for two years before beginning treatment. Sloughing and cure followed two injections, but the pain was intolerable and a crural phlebitis, starting in veins near the sloughing

tumors, set in immediately, which kept her in bed for two months and seriously endangered her life.

In these five cases the treatment was the same as that described under case I, except that the intervals between the injections was frequently much longer than ten days.

On reviewing these experiments, I felt great disgust. With one exception, the patient had been cured at the expense of great suffering and, it seemed, some danger to life. Before deciding to abandon injections, it was determined to make a fresh series of experiments, to decide whether the bad results were inherent to the method, or were due to the solution employed.

VI. Jos. H., aged forty-seven, a wealthy and very intelligent manufacturer.

March 7, 1883. Has had piles for one year. Sometimes they cause great pain and render confinement to bed for several days necessary. Horseback exercise is impossible and carriage riding very difficult. Examination showed two soft, small, pendulous tumors, in a position to be readily nipped by the sphincter. The peremptory orders were, "Cure me, but don't put me in bed a single day!" Injected morphia sulph. gr. 1-12, in ten minims of warm water, into the largest pile. As soon as the tumor presented the slightest evidence of distension, pain became very severe, but soon abated somewhat, and in two hours entirely disappeared. On the 14th, 21st and 28th days of treatment, from five to ten minims of warm water were injected into the tumors with the same result. On the 35th day he stated that the piles had ceased to be painful and that they could be replaced after defecation with less difficulty. It was apparent that they were smaller and harder. This relief may have been partially due to the sharp bleeding which followed each puncture. It seemed probable that injections of water would produce a cure, but that the treatment would be very tedious.

The following solution was now used, five minims (containing gr. $\frac{1}{4}$ crystallized carbolic acid) to each injection :

R.	Crystallized carbolic acid,	
	Glycerine, each	gr. i.
	Distilled water,	grs. xviii,

[This solution was used in all the following cases, unless it is otherwise stated.]

Injections were given on the 35th and 42d days of treatment. Slight smarting followed the injections for twenty-four hours, and for four days some soreness remained. On the 45th day, the first time for fourteen months, the piles failed to protrude during defecation, and he was never troubled with them again. He died one year afterward from apoplexy.

VII. J. S. H., aged sixty-four, has had severe piles and prolapse of rectum for thirty-seven years. The prostate is greatly enlarged, and straining during urination aggravates his condition. Fifteen injections were made, with the result of producing considerable relief for about one month. The pain after injection was very slight, except when a stale solution was used. On one such occasion inflammation of the tumor ensued and produced severe suffering for one week. Treatment was finally discontinued because the softer portions of the swelling had disappeared and injections into the tough, unyielding mass remaining were very painful and seemed to be without any good result. As in nearly all the cases a minute, punctated slough was noted at the point of injection. Had this case not been complicated by a huge prolapse of the rectum, I believe cure would have resulted.

VIII. Levi R., aged fifty-four. Two piles, each about the size of a walnut, which had existed for about one year, were cured by three injections. One of these was attended with considerable pain, but a dose of ten minims was used instead of the usual one of five.

IX. Tim G., aged forty-nine, bleeding piles size of a goose egg, for five years, cured by eight injections. He complained considerably of pain after each injection, but was never obliged to abstain from his occupation (night-watchman). The pain was aggravated by attempts to hasten the cure by making two injections into different portions of the mass at the same sitting.

X. John C., aged thirty, a very similar case to the last. A double injection at one sitting produced great soreness, and made it necessary to abstain from treatment for a month. Cured by ten injections.

XI. Robt. C., aged sixty. Duration fourteen years. Two

piles, each about the size of a hickory nut, were cured by five injections (at intervals of ten days) and almost without pain.

XII. Miss R., aged twenty-five, was cured with scarcely any pain, by four injections, of two small piles which had annoyed her greatly for a year.

XIII. Letitia X., aged thirty, suffering from slight prolapse of the rectum and one small pile, which had made her unable to work for nine weeks, and for which a variety of treatment had been used in vain, was cured by one injection.

XIV. Dr. McC. was cured of two small piles, which had annoyed him considerably for two years, by three injections, at intervals of two weeks. Pain was insignificant and did not interfere with his practice.

XV. Jos. C., aged thirty, a marked case, duration five years, cured by three injections, at intervals of two weeks, with but slight pain.

I have used this treatment in many other instances, but as I have learned nothing which is not sufficiently detailed already, I do not quote the cases.

To recapitulate:

1. Five minims or less of a solution containing five per cent each of pure crystallized carbolic acid and glycerine in distilled water is injected into the softest portion of a pile. The solution should be fresh and colorless; when stale and yellow its use is attended by great pain and inflammation.

2. The injection is made at a point as near the center of the pile as possible. The needle used should be fine and sharp, and both it and the syringe perfectly clean.

3. The injection causes pain, not generally very severe, and soreness, due to slight inflammation. If more than one injection is made at one sitting, if the solution is stale or is stronger than that given, or if more than five minims are used, undue inflammation and perhaps sloughing ensue.

4. As soon as the mild inflammation due to an injection disappears, but not before, and under no circumstances more frequently than at intervals of ten days, the procedure may be repeated. Slight cases may be cured by from one to four injections; severe cases may require as many as thirty.

5. If the case does not improve, *increase* the interval between the injections.

6. Do not attempt to cure hard, semi-cutaneous piles by this method; the distension of almost inextensible tissue is excessively painful.

7. All uncomplicated cases of internal hemorrhoids may be properly treated in this way. Cases of moderate prolapse, secondary to piles, are also thus curable. Hemorrhoids unattended with great dilation of the bloodvessels (capillary piles) are frequently cured very rapidly. As may be inferred from the above remarks, the remedy acts by obliterating the bloodvessels of the tumor through a slow subacute inflammation.

B.—TREATMENT BY STRONG SOLUTIONS.

The literature of this subject shows such disastrous results from injection of coagulents into vascular tumors, that we may fairly doubt its justifiability. Therefore, I will here merely give one case showing the results of injecting strong carbolic into tumors shut off from the general circulation by means of a constricting wire. But I hesitate to recommend the use of strong solutions, even with this safeguard.

XVI. Jno. B., aged thirty, large tumors. After twenty-five sittings, in which a five per cent solution was used, two small but annoying piles remained. It was necessary for the treatment to be hastened, as the patient was obliged to leave the city. One of the piles was seized with rat-toothed forceps, its base constricted by the wire of a nasal snare, until circulation ceased. Then crystallized carbolic acid (liquified by warmth) was injected until the mass turned white. The operation was repeated in two weeks on the second tumor. Result, cure, with but slight inconvenience.

In two similar cases, thus treated, the result was equally satisfactory.

237 South Spring street.

“Always, before using the uterine sound, clean it thoroughly, and dip it into a five-percent solution of carbolic,” as the chief danger from its use lies in the possibility of septic infection. Be careful not to abrade the mucosa. Do not use the sound during the existence of periuterine inflammation.—*Fritsch*.

THE INTERNATIONAL MEDICAL CONGRESS.

BY H. G. BRAINERD, A. B., M. D.,

Professor of Diseases of the Mind and Nervous System in the Medical College of the University of Southern California.

ALL the medical journals of the country have had so much in them in regard to the recent session of The International Medical Congress that I can hope to write but little that is new, but, thinking some of your readers might like to know how things seemed to an Angeleño, have ventured to send the following desultory account.

Our National Government was most niggardly in its appropriation for the recent session of the Medical Congress, but Washington and her people gave it a most hearty welcome. Dame Nature smiled approvingly, sending a week of most delightful weather, and Washington, always an attractive and beautiful city, with its broad, smoothly-paved streets, its well shaded sidewalks, its delightful little parks, which one meets at every turn, to say nothing of its stately public buildings and charming homes, appeared at its best, and did much to divert the attention of the visiting physicians from the scientific work of the Congress.

A large share of the members arrived Sunday and Monday morning, and eight o'clock Monday morning found Willard's hall crowded with doctors waiting for a chance to register. The provision made here was in striking contrast to the business-like methods at The American Medical Association meetings and was entirely inadequate for the large number present. Much fault was justly found with the Committee on Arrangements by those who were obliged to stand in line two or more hours to get a chance to register, thus losing the opening exercises of the Congress at Albaugh's Opera House. Aside from this initial inconvenience, the Committee on Arrangements should have the credit of making everything move along smoothly and pleasantly.

The Durante-Semmola affair, and a few others, caused a few pangs of jealousy and a little commotion in small circles, but did not come to the surface so as to affect the harmony of the Congress.

The great social events of the week were the President's

reception, on Tuesday evening, and the banquet given by The American Medical Association, on Thursday evening, though the *Conversazioni* on Monday, and several receptions at private residences, on Wednesday, were well attended. The President and his charming wife gave a smile and cordial grasp of the hand to the doctors and their ladies, some five thousand in all, amply repaying the long waiting in line to gain admission to the White House. At the banquet nearly or quite as large a number were present in the spacious hall and galleries of the Pension building, which was beautifully decorated with the flags of various nations.

The general sessions of the Congress were held each morning at which one address was given daily. Dr. N. S. Davis, President of the Congress, gave the opening address, followed, on Tuesday, by Flint, Jr., on Wednesday by Semmola, of Naples, Italy, on Thursday by Unna, of Hamburg, and Dr. Blandford, of London, delivered the last address on Friday.

Dr. Davis, with his silvery hair, smoothly-shaven face, displaying his clean cut features, and dressed in the conventional dress coat and high, old fashioned choker collar, was truly a striking and venerable figure, maintaining well the dignity of his title, "Father of the American Medical Association."

Those who have heard the powerful voice of Flint, Jr., need not be told that he easily filled the large auditorium and held his audience to the end. If there are any who have not already read the able summary with which he closed his address on fevers let me urge them to do so at once. By the rules of the Congress, all papers and discussions were in either English, German or French. Dr. Semmola, although he speaks very good English, delivered his address on Bacteriology in French. The doctor is a fine looking man, a little past middle life, and is a natural orator, speaking rapidly and forcibly. From the absence of manuscript and the elegance of his gestures and manner, one might have thought him delivering a political oration. The idea which he advanced in regard to the relation that bacteria sustain to various diseases seems to be a growing one among pathologists, viz: that bacteria themselves do not play so important a part in the causation of disease as the condition of the patient that makes it possible for the various forms of bacteria to obtain a lodgment in the system and multiply there.

Dr. Unna who gave the Thursday address, on *The Relation of Dermatology to General Medicine*, was closely confined to his manuscript which he read in German, and, though it was an able paper, he failed to impress his audience as favorably as his Italian colleague of the previous day.

The work of the Congress was principally done in the eighteen sections into which it was divided, each holding two sessions daily. These sessions were held at various places in the city, but all within a few blocks of the Opera House and readily accessible, but as all were held at the same time it was impossible for anyone to hear but a few of the six hundred papers which were read and discussed. Most of my time was spent in the sections of Nervous Diseases, General Medicine and Gynecology.

In Nervous Diseases the most important topic was the discussion, ably introduced by Dr. Savage, of London, on "*The Relation of Syphilis to Insanity.*" The following facts were elicited, viz: that syphilis is responsible for only about two per cent of idiocy; is rarely a cause of the acute forms of insanity; is frequently a cause of epilepsy, and is responsible for a large share of the cases of general paresis and its congener, locomotor ataxia, variously estimated at from fifty to seventy-five per cent. The section of Gynecology was the best organized and most industrious of any that I visited. The subject most interesting to me was that of Electricity in Gynecology, as presented by Apostoli and Menière of Paris, Martin of Chicago, Cutter of New York, and Semeleder of Mexico. If others can attain anything like the success of Apostoli and Martin in causing the disappearance of uterine fibroids by the application of a powerful galvanic current, *i. e.* from fifty to two hundred and fifty milliamperes, then will electricity have a great future in gynecology. In the section of general medicine I expected to hear much in regard to Bergeon's treatment of phthisis, but, so far as I could learn, it received but a passing mention in some of the discussions and was referred to as a thing of the past.

Dr. Ege, a dapper little homeopath, stole a march on this section. He offered a volunteer paper on the treatment of tuberculosis by the inhalation of mixed bacteria. The section, without knowing anything of his antecedents, allowed him the floor, but his peculiar tenets were soon made manifest on read-

ing his paper and an early adjournment was taken. His method was as follows. The white of an egg is mixed thoroughly with six ounces of water and allowed to stand till it becomes rank. It is then put in a spray apparatus and sprayed into the throat of the patient while he draws deep breaths, provided his stomach will allow him to do so. Dr. E. claims to have used this treatment on more than eighty patients, curing most of them and benefiting the remainder. His theory of the pathology is not very definite but is founded on the "*similia similibus*" theory. He affirms that the liquid contains bacteria of various kinds, some of which he has not yet been able to classify. By his method he claims that these bacteria, chief among which is the bacterium termo, are brought into the same fields as the tubercle bacilli and drive the latter out. In private conversation, he admitted that he had used the treatment less than a year, but said that cough and expectoration in some cases had ceased or nearly so, and that the Koch bacilli had disappeared from sputa in which they had before treatment been abundant. The little doctor was sanguine that he had at last found a specific for consumption, and it may yet prove a worthy successor in popularity to Bergeon's treatment. It certainly has the advantage of being less repulsive in its administration and more easily manipulated.

An account of the Congress without any mention of the wonderful exhibition of pharmaceutical preparations, surgical instruments and every thing needed by the doctor in following his vocation, would indeed be incomplete. Nearly every drug house and instrument maker of note in the country and many foreign firms were represented. The vast display filled the basement of the great Opera House, with an "overflow" that filled a large building on G street, and nowhere could a busy practitioner spend his time to better advantage, to learn what is new and valuable in all the adjuncts to his art than at this exhibit. Tons of samples and circulars were distributed and were urged upon one at every turn. The Mexican tippie, *pulque*, lately advertised as a valuable remedy in renal troubles, was on draught and freely sampled. It tastes like an injudicious mixture of sour milk and hard cider, and, in my opinion, any known form of renal disease would be preferable to its continued use.

By the opponents and detractors of the Congress it has been

said that though there was a large attendance they were almost entirely from the South and West, with a sprinkling of foreigners, and that there were very few men of note among either the foreign or American members. The fact that of about six hundred papers and addresses on the programme, two hundred and forty were by foreign members shows how much truth there is in the statement. While the presence of such men as Hagar, Graily Hewitt, August Martin, Le Fort Dujardin Beaumetz, Pavy, Jonathan Hutchinson, and scores of others whose reputations are world wide, are a sufficient answer to the assertion.

In this connection, the remarks of Dr. J. Langdon Down, of England, are so appropriate that I will quote them. Just before the adjournment of the section of Nervous Diseases, Dr. Down said, "I have heard that certain parties are spreading the statement that this Congress has not been a meeting of representative men. I can only speak authoritatively for my own country. If Dr. Savage, Dr. Mickle, Dr. Blandford and Dr. Yellowlees are not representative men they are they not to be found in Great Britain. After listening to the papers and discussions here by members from other countries, if they have not been by the peers of any in their scientific attainments, then should I be astounded to meet the representative men." This was certainly the prevailing opinion among both the foreign and American members.

CARBONATE OF LEAD, or of zinc (ground into impalpable powders), made into a "smooth" paint with linseed oil, is an excellent application to burns. It should be applied freely on thin rags, so as to completely protect the raw surface from the atmosphere. The dressing should be covered with the very thin rubber tissue (sometimes called "antiseptic tissue"), retained by a light bandage. It will then stay moist for an indefinite time, and should not be changed for several days. The application of this dressing is generally followed by immediate relief from suffering. It has never caused lead poisoning.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

WORMS, OR THE INFINITE—WHICH ?

THE story is told that a gentleman passing by the house of a learned doctor of divinity, one whose ponderous mind dealt only with the weightier problems of time and eternity, saw the youthful son of the doctor digging in the yard and asked him what he was doing. The hopeful son of the profound father, like a true chip off the old block, responded loftily that he was

digging after the infinite. The story fails to say that he found the infinite, but if, like a good, healthy, average boy, he had been digging after worms to go a fishing no doubt he would have found what he sought.

Has it ever occurred to the reader how much of the world's labor, and in the phrase is included the delving and digging of the medical profession, is expended in this vain search after the infinite, the unattainable, when had it dug for worms it would have had somewhat to show for its toil.

Hippocrates, that wise old man of Cos, with a discernment ages in advance of his cotemporaries, and indeed of his successors, dug for worms. In other words, avoiding the idle abstractions and vague theories of his cotemporaries, he devoted his life to a careful, painstaking investigation of the attainable facts in disease. As a result, he left somewhat of solid value as his contribution to the science of practical medicine, and, after more than twenty centuries, his writings still have a certain tangible worth in the library of the well-read physician.

But his successors were less wise. Neglecting the inductive science of his methods of investigation, they went to digging for the infinite again, and for a thousand years medical literature presents a dreary waste of ponderous tomes filled with idle speculations and baseless theories, as destitute of ideas and of true progress as certain vast expanses of the southern seas are said to be of animal life.

The wisest man is possibly the one who knows the limits of the knowable, and who knows where not to dig. In an algebraic equation there must be a certain number of known quantities to make a solution possible. If the number of known quantities is not sufficient, the mathematician will tell you there is no use wasting time upon the problem. A solution is simply impossible. As well reason about what may be upon the other face of the moon. For ages physicians made the mistake of vainly figuring at the solution of medical problems without the previous establishment of a sufficient number of anatomical and physiological laws from which to reason.

It was theorizing without the basis of discovered facts. Hence the wasted labor, and hence the ponderous yet valueless tomes. It takes volumes to tell what one does not know. One side of a letter sheet may tell what he does know. Ignorance

requires more words than knowledge. It is a hopeful sign that the size of medical books grows less. It looks as though we were learning something and had now facts to tell.

Frateris doctissimi, avoid too much theorizing. Let the infinite alone. Dig for worms. And it may be we shall find that the shortest road to the infinite lies by the pathway of the worms.

SHALL DOCTORS ADVERTISE ?

THE hydra-headed monster of quackery still drags its slimy form throughout the length and breadth of this land. At one place he appears as a "reformed" regular who, breaking the chains that have held him within the semblance of a gentleman, launches out as an advertising fiend and, by encouraging delusive hopes, inveigles the poor consumptive into his unrelenting grasp and deprives the sufferer of all his earthly possessions while life ebbs steadily away.

At another point some homeopath fails as an honorable practitioner of his school and begins the life of an abortionist, burying himself in a monument of sin that acts as a wall separating him from the better class of the community, as the odor from a carrion repulses all save coyotes, jackals and buzzards. In whatever way this vile creature appears it is as an animal of prey, feeding upon and gloating over the weaknesses of mankind. He is to the medical profession as the divorce lawyer, who fosters trouble between man and wife in order to get a case, is to the legal profession.

The Daily Tribune, of Los Angeles, had an editorial recently encouraging physicians to advertise, and speaking of how badly the physician who didn't advertise felt when he saw the advertising healer rolling in wealth while he remained poor.

We deem it our duty, to the young men who are just beginning practice, to refute this statement.

Putting it on a purely financial basis, we deny that the man who advertises his ability to cure disease and who, in the press, boasts that he is superior to his fellow-man, and thus tries to catch the eyes of the sick, is any more likely to accumulate money than the physician who thoroughly prepares himself for

his responsible professional work and then devotes himself earnestly and modestly to the duties of his calling.

Take it in the legal profession. Would an editor who needed an attorney hunt up the lawyer who advertises for divorce cases, or who boasted in the daily papers that he was the only successful criminal lawyer and claimed a secret method for fixing judge and jury?

We are acquainted to a considerable extent with the financial standing of physicians in New York, Brooklyn, Philadelphia, Indianapolis, Minneapolis and San Francisco, and while there is here and there an advertising quack who gets a competence, or perhaps riches, yet he is such an exception that he becomes the talk and wonder of the whole city in which he lives; while, on the other hand, there are in each of those cities dozens of enthusiastic, scientific physicians who have gained independent fortunes.

We suppose the editor of *The Tribune* gathered the data for his assertion from Chicago, where he recently lived, and we cannot gainsay his statement in regard to that city.

We know by reputation such men as Byford, Rea, Dudley, Ross, Jackson, Ethridge, Gunn, Isham, St. John and Ludlam, of Chicago, but are ignorant as to whether they have made money. They may be, in dollars and cents, as poor as church mice. But we will come nearer home, if you please, and ask you to go to the assessment books of Ventura, Santa Barbara, San Bernardino and San Diego counties, and you will find the names of such men as Drs. Bard, Bates, Knox, Fox, Gill, Collins, Woodill, Hazlitt, Ainsworth, Hutchinson, Jenkins, Jarvis, Shugart, Sawyer, Fenn, Stockton, Remondino, Schmitt, and numerous other reputable practitioners, who hold property, pay taxes and are looked upon as citizens of substance and probity, and that in none of those counties is it the advertising quack who has become the man of means.

Let us come still nearer home to our own city of Los Angeles and look through our city assessment rolls. Here we find the names of Drs. John S. Griffin, Den, Nadeau, Kurtz, Cochran, Hagan, Widney, Bicknell, De Szigathy, Hannon, Darling, Brainerd, Morrisson, Wills, Utley, Dozier and numbers of others of the regular school, and Shorb, Fellows, Kirkpatrick, Owens and others of the Homeopathic school, but,

with one or two exceptions, the name of an advertising quack fails to appear.

The editor of *The Tribune* probably has data he thinks justifies him in advising physicians to advertise if they wish to be financially prosperous, but we believe after more careful and extended observations he will acknowledge that he is in error.

The young physician may ask: What course must I pursue to succeed? Our answer is (taking it for granted that you are an enthusiastic lover of your profession, that you prefer it and poverty to any other life-work, even though wealth was assured, and that you have qualified yourself thoroughly)—First: *Gain the respect of the older physicians in the community in which you locate.* This we consider the corner-stone of a successful medical career. Whenever, in the medical press and in medical societies, you have proved yourself to be a student and to be especially proficient in any branch of our profession, you will find abundant encouragement. Keep up your general medical studies, but, at the same time, follow some special line of investigation.

Second: *Be punctual.* Better have but one office hour a day and keep it faithfully than to have six office hours daily and not keep any of them. It discourages a patient to climb your steps and find on your slate "Back Soon." Ah! that "back soon" of the slipshod doctor has become such a chestnut that it is meaningless. The busy man may afford to neglect his office hours now and then, but the young practitioner cannot.

We might multiply rules, but they are all subordinate to the first. Punctuality, thoroughness, kindly demeanor, industry, sobriety, cheerfulness and honor, while they assist in gaining the good-will of the older practitioners, are, at the same time, an open sesame to the confidence and good opinion of the public. Of the twenty leading practitioners in Los Angeles there is not one but is helping the younger members of the profession to business every day. They simply want to feel confident that the young man will do justice to the patient to whom he is sent.

Then, after you get a practice, economize and judiciously invest what you save. Do not hoard your money in an old stocking or bury it in a savings bank. That method will do for old women and children, but invest each hundred as you get it so that it will also be increasing. Then, as you go along

enjoying your professional work, what you have laid aside will be materially increasing your capital. We concur in *The Tribune's* idea that the physician should be provident, but with the genuine physician wealth is not the chief aim. There is an enthusiastic love of his work that illumines the life of the true physician and raises a standard of success that is far higher than the standard of the mere money-maker.

A merchant may advertise his wares, a railroad manager may boast of his road—its speed, safety and beautiful scenery, but whenever any professional man boasts in the public press of his personal ability he places himself beyond the pale of respectability. Suppose such lawyers as Bicknell, Glassell and Brunson were to occupy the advertising columns with a record of cases won, or Drs. Nadeau, Bicknell and Maynard were to spread broadcast reports of cases cured, how would they be estimated by this community?

Young men, do not allow yourselves to be misled. Start right. If you are strangers in the community and deem it best have your address and office hours in the daily papers, but never stoop to publish panegyrics of yourselves. L.

THE SOUTHERN CALIFORNIA MEDICAL COLLEGE.

PHYSICIANS throughout Southern California can well feel proud of the Medical College of the University of Southern California. It is having a most prosperous year and next April will graduate its first class.

Although the number of students this year is over twenty yet it is not great numbers that the Faculty are anxious about. Their ambition is to give the students who come under their care as thorough and conscientious training as could be secured anywhere else in the world.

This, being the third year in the history of the college, is the first year having three classes, and with the advent of the third class the whole schedule of work has been thoroughly graded. As more members of the Faculty are graduates of the Medical Department of the University of Pennsylvania than of any other school, that institution is to a great extent the model of this Los Angeles College. Dr. G. Wilds Linn, formerly a clinical teacher in the University of Pennsylvania, and now

Professor of Clinical Medicine in this California school, has been of inestimable value in this work.

Clinical material is abundant and each member of the Faculty realizes his great responsibility.

EDITORIAL NOTES.

DEATH FROM INJECTION OF CARBOLIC SOLUTION INTO THE UTERUS.*—A woman, suffering from puerperal septicemia, received an intra-uterine douche of a quart of warm water, into which a drachm of "liquid carbolic acid" was stirred. In a few moments clonic convulsions ensued and black vomit. The temperature rose to 108.5°. Death occurred one hour and forty minutes after the douche was used. The accident is attributed by the reporter to carbolic poisoning. Whether the acid was *dissolved* in the water is not clearly stated. If not, the entire quantity may have been injected at once. Attention may be called to the elementary fact, that the best way to make a carbolic solution is to mix the crystals with an equal quantity of pure glycerine before adding the water. In view of the frequent occurrence of accidents after douching the uterus, it is questionable whether it is not as well to omit the use of antiseptics for this purpose. The veteran Credé, it is said, now uses nothing but pure water for intra-uterine injections.

TREATMENT OF PYELITIS IN WOMEN BY IRRIGATION THROUGH THE URETER.†—The patient was suffering from renal colic, rigors were occurring at short intervals and her temperature was constantly elevated, ranging from 102° to 105°. Pus could be seen (through a large urethro-vesico-utero-vaginal fistula) extending from the left ureter. She was evidently rapidly dying from exhaustion induced by fever and pain. A small, olive-tipped catheter was passed through the ureter into the pelvis of the kidney, carbolized water injected and a small quantity of fetid pus washed out. The catheter was allowed to remain in place twenty-four hours and the irrigation re-

* Med. and Surg. Reporter, Sept. 10, 1887, p. 345.

† The Gradual Preparatory Treatment of Fistula in Women. By Nathan Bozeman, M. D. Abstract of Paper read before Ninth International Med. Congress. N. Y. Med. Record, Oct. 1, 1887, p. 374.

peated at frequent intervals. Afterward the douching was repeated daily, the catheter being introduced and removed without difficulty. The condition of the patient improved, after this treatment was begun, with remarkable rapidity, the temperature became normal in twenty-four hours, the pus gradually diminished in quantity, and at the end of six weeks entirely disappeared. Her general health is now good and the fistula is ready for operation.

In another case, one of renal hemorrhage, Bozeman exposed the ureter of the affected side, by an incision into the bladder (kolpo-uretero-cystotomy) and practiced the same treatment with an equally successful result.

Some peculiar instruments for drainage and support in cases of urinary fistula are referred to, but the descriptions cannot be understood in the absence of illustrations.

ANOTHER physician has thrown away his life, by endeavoring, but without avail, to save a patient undergoing tracheotomy for anginose scarlatina, by sucking a choked tracheotomy tube. We allude to Mr. W. C. Lysaght, of Bristol, England. Trousseau long ago pointed out the danger and the uselessness of this procedure. While we hear not infrequently of deaths from diphtheria among medical men in Europe, yet such events seem very rare in this country. We can recall but one case similar to the above. A young physician sucked a tube in the trachea of a child dying from diphtheritic croup. He contracted the disease in the same form and, though tracheotomy was performed, soon succumbed.

A WRITER in the *Medical World* claims that a good way to treat lizards in the stomach is to take "something containing alcohol," in order to stupify the "beast." If this course of treatment were followed with sufficient perseverance the patient would see not only lizards but many other reptiles crawling around his room.

SIR MORELL MACKENZIE has recently removed an epitheliomatous epiglottis successfully with his epiglotome (an instrument somewhat resembling the tonsillotome). The parts were first benumbed by several applications of cocaine.

CHEVREUL, the French chemist, attained his one-hundred-and-second year on August 31. We are not told whether he uses coffee or tobacco.

OUTBREAKS of diphtheria, in isolated localities, may now be explained, it is thought, by the theory that the disease is conveyed by the lower animals.*

HAY'S method of treating pleural effusion and general dropsy is commended by Prof. Osler, of Philadelphia. The patient is ordered to take nothing after the evening meal, and an hour or so before breakfast sulphate of magnesia is given, dissolved in as little water as possible. Four to six drachms in an ounce of water is the usual dose, but two ounces or even more may be given. The patient must not drink after it. This usually produces from four to eight watery stools, without pain or discomfort of any kind. It very rarely disagrees, though vomiting has resulted occasionally. The salt also acts as a diuretic.

THE bacilli of tuberculosis have been found in the abdomens and excrement of the flies which hover so pertinaciously around the spittoon of the consumptive, and it is suggested that they may become active vehicles of contagion. It is recommended that the vessels be provided with close covers, and that they be cleaned by boiling water.†

THE TOXIC EFFECTS OF IODOFORM.—Dr. R. W. Taylor, surgeon to Charity Hospital, N. Y., in an important article‡ details twenty-four cases in which iodoform produced a cutaneous eruption, in many instances strongly resembling erysipelas. He also refers to a large number of cases in which iodoform, used as a surgical dressing, has produced systemic symptoms, with or without rash, and divides these into three degrees:

The first is comparatively mild. A loss of appetite, headache, disturbance of disposition by excitation or depression, a mild delirium or loss of memory, and sleeplessness may be observed.

In the second degree there are absolute anorexia, an intensification of the head symptoms, perhaps dementia, mania, or melancholy, weak and rapid pulse, mild fever and emaciation.

The third degree is a continuation and intensification of the second. Such patients lie perfectly abject in sopor, with a

* *Southwestern Med. Gazette*, Sept., 1887, p. 272, contains an article narrating many interesting facts in this connection.

† *Therapeutic Gazette*, Sept. 15, 1887, p. 643.

‡ *N. Y. Med. Journal*, Oct. 1, 1887, p. 397.

rapid, thready pulse and a cold surface, and die in collapse. Grave symptoms of poisoning have followed the use of less than fifteen grains.

"It is most important that the practitioner should exercise a watchful care over all patients for whom he prescribes this agent, and should he observe morbid symptoms, however mild, pointing to the brain, heart or lungs, or a tendency to loss of appetite or emaciation, he should cause the discontinuance of its use at once."

TAKING a hint from the long known fact that when one hand is chilled the temperature of the opposite hand is depressed, Jacquet, of Paris, now treats sciatica by refrigeration of the healthy leg with chloride of methyl spray. The pain generally ceases immediately, but returns after several days. The effect diminishes by use.*

GANGLION, writes Marmaduke Shield in the *Practitioner*, is readily cured by cutting across the cyst subcutaneously, with a perfectly clean tenotomy knife, applying an accurately fitting piece of sheet lead and over that a bandage. We have cured probably fifty cases by simply making a minute incision into the cyst, completely evacuating the contents, closing the opening with court plaster, and applying a compress and firm bandage. Absolute cleanliness is essential in this little operation. In a few days the seat of the ganglion is noticed to be swollen to nearly its original size. This is from lymph exudation, which is soon absorbed. A relapse takes place in probably twenty per cent, but we never knew a second operation to fail.

NOT A CALIFORNIA STORY.—Voit, of Copenhagen, is said to possess a dog, which he has used for many years in his physiological work, and which has become so well trained that at a signal she will jump upon the table, lie down until her rectal temperature has been taken, jump to the floor, make her water in one vessel and pass her fæces into another.

EAR BOXING, says Sexton, in *Science*, has resulted in injury to the ear in fifty-one cases in his practice, in one of which a fatal result finally ensued from brain disease. This method of correcting children should be abolished. The old-fashioned shingle, or, in its absence, a well made, thick soled slipper, applied to a better padded portion of the body, is preferable.

* Phila. Med. Times' Paris correspondence.

UNTOWARD EFFECTS OF COCAINE.—Cocaine, three minims of a twelve per cent solution, was injected into the face of a physician by Blodgett, before removing a small tumor.* The patient rapidly became cyanosed, the breathing changed to a sighing character, the pulse became weak and ran up to 140, the face was bathed in cold sweat and there were short periods of profound collapse with unconsciousness. Improvement commenced in fifteen minutes.

While watching the work of a noted rhinologist recently we were surprised to note the weakness of his spray solutions of cocaine and the small quantities used. In explanation, he stated that he had seen bad results in several cases, due, in his opinion, to its paralyzing effect on the pneumogastric nerve. He cited the case of a very intelligent physician, who for two hours after using cocaine spray to the nasal mucous membrane, became almost collapsed and breathed solely by voluntary effort. Our readers will recall in this connection the melancholy case in which a Russian physician killed a patient by an injection of cocaine into some piles upon which he was preparing to operate, and afterward committed suicide. Personally we have used cocaine in strong solution and in large quantities, as a spray in nasal surgery. On one occasion a solution containing twenty-five grains was used in one sitting, occupying about half an hour, for the purpose of removing a large nasal hyperostosis. We have never observed any *alarming* results, but now know that such large quantities of cocaine are entirely superfluous. But patients who use the cocaine spray themselves daily often complain of intellectual confusion, insomnia and marked malaise. In two such cases the cocaine habit became established for a time, but was happily soon corrected. Finally, idiosyncrasy plays a more important role in the effects of cocaine than in those of any other drug with which we are acquainted, and, in the absence of any better explanation, to this we must attribute the immunity with which Hammond injected under his skin enormous doses.

In conclusion, we would advise that cocaine be used in solutions not stronger as a rule than four per cent, and in small quantities, especially when injected subcutaneously; that its use for spraying purposes should but rarely be entrusted to the patient, and then in solutions not stronger than one per cent.

* Boston Med. and Surg. Journal, Sept. 22, '87, p. 282.

SUPPURATIVE PERITONITIS SHOULD BE TREATED BY ABDOMINAL SECTION.—Tait, in his last address before the British Gynecological Society, gives his opinion in no uncertain tone: "I have now come deliberately to the opinion," he says, "that it is an act of criminal omission to allow a case of peritonitis to die without abdominal section." Anyone who has seen the abdominal cavity of a patient dead from peritoneal suppuration must feel that he is right. It is all but impossible that such a case should recover when left to nature; and there is no reason why the old rule, and the good rule to evacuate pus wherever it may form, and as early as possible, should not be observed here. We recall a case in which the abdominal cavity of a child was enormously distended with pus, the result of peritonitis, produced by some unknown cause. The peritoneum in those days was more respected than now, and we hesitated to interfere. Finally, the pus was evacuated by a spontaneous opening in the region of the navel, and the child recovered. This, then, is nature's way of curing an abscess of the peritoneum—an abscess of the pleural sac—an abscess anywhere.

FOLIE GYNECOLOGIQUE is the French name for womb-disease mania, and *Mutterleib Krankheitwahn* is what the poetical German calls it. These uncontrollable impulses to be treated locally, even surgically, by some specialist should be classed, says Dr. Orpheus Everts, with dipso-, klepto- and pyromania, and constitute a form of true insanity.*

In this connection, reference may be made to a case we lately examined. A healthy-looking Scotch girl had for two years been in the habit of injecting the rectum twice or thrice daily with from one to two gallons of water, for the purpose of keeping a supposed rectal ulcer in a clean condition. A careful examination with Sim's speculum, in a good light, showed that the rectum was healthy, except that the mucosa was abnormally pale and flabby. When informed that no rectal disease existed, she manifested the most lively skepticism as to the truthfulness of the statement, notwithstanding its confirmation by the evidence of two of her personal friends, both female physicians, present. She did not assume a disease, but was the victim of a real delusion, originating in a temporary attack of hemorrhoids ten years previous. This would make an excellent case for a "mind-healer."

* Cincinnati Lancet-Clinic, September 3, 1887, p. 255.

HYPNOTISM.—We are now asked to believe, that in Paris they can make a man "blind drunk," by placing a tube, filled with five drachms of cognac, in contact with certain portions of the body.

THE hypodermic treatment of syphilis, says Fournier, "is not a good treatment. You must give your patients a treatment which will please, or, at least, not displease them. The injections are painful, they interfere with the patient's avocation, they necessitate frequently repeated visits. Above all, the method is not practicable. In private practice patients will not tolerate it. In hospital practice it is possible, but note the result: patients leave the Du Midi and Lourcine, where this treatment is employed, and flock to the St. Louis, where they know they will not receive it."*

"DR. LONDON, upon Majuba Hill, mortally wounded, with the agony of death closing in, in the midst of his own pain and weakness, heard a wounded soldier shrieking aloud in his sufferings, and creeping, forgetful of self, to where this man lay, gave him a morphine injection to relieve his distress, and giving it died."†

A CASE of housemaid's knee cured by electrolysis is given in an exchange: Tincture of iodine, applied so frequently over the enlarged bursa as to produce a blister, will cure cases where there is but little thickening of the sac. Where this fails we have been invariably successful by pursuing the following plan: The parts and the instruments are thoroughly cleaned, and an incision, half an inch long, is made into the sac, and all the fluid is squeezed out. A pad of cheese-cloth, soaked in a 12 per cent glycerole of carbolic, and covered with thin rubber tissue, is now fixed over the wound by a bandage. The patient is directed to press the lips of the wound open daily by the blunt end of a darning-needle, and to squeeze out all fluid. In a week or ten days the sac will be obliterated and the wound healed. While undergoing this treatment the patient can follow his usual employment, unless this involves pressure on the affected bursa.

EMASCULATION is recommended by Dr. Agnew as a proper punishment for rape.

* Paris Correspondence, *Journal of Cutaneous and Genito-Urinary Diseases*, September 7, 1887, p. 450.

† *Philadelphia Medical and Surgical Reporter*, September 24, 1887, from an eloquent article on the Army Surgeon, *Br. Medical Journal*, September 5, 1887.

COCAINE SUPPLANTED.—Dr. J. H. Claiborne, in the *New York Medical Record*, Dr. Herman Knapp, in the same journal, and Dr. Edward Jackson, of the *Philadelphia Medical News*, have recently published the results of their experience with the new local anæsthetic, improperly called stenocarpine, but which, being derived from *gleditschia triacanthos*, should be called gleditschine.

If the claims of these writers are substantiated by further experience, we may expect cocaine to yield its supremacy to this new claimant for anæsthetic honors. The results recorded would indicate that gleditschine possesses greater anæsthetic power than cocaine, and mydriatic effects exceeding those of homatropine.

Those who desire to subject this drug to clinical trial should address Parke, Davis & Co., who, we learn, are investigating its claims at their laboratory, and who offer samples of the fluid extract, with a working bulletin descriptive of the drug, to those physicians interested in testing it, and hope soon to be able to supply the alkaloid itself.

A THREE-YEAR old child, in Columbus, Miss., recently swallowed a teaspoon, and passed it in the feces, without exhibiting any marked symptoms.

A CASE of hemorrhage from the ear, in which about a tumblerful escaped, and which was attributed to vicarious menstruation, is recorded by Pirondi.

CORRESPONDENCE.

NEW LICENTIATES.

SAN FRANCISCO, October 5, 1887.

THE following persons having complied with all the requirements of the law, and of the Board, were unanimously granted certificates entitling them to practice medicine and surgery in the State :

John N. Baylis, M. D., San Bernardino, University of Pennsylvania, Penn., May 1st, 1886.

Christian Bernhard, M. D., Visalia, Kansas City Medical College, Mo., March 4, 1884.

Charles Virgil Bogue, M. D., Los Angeles, Rush Medical College, Ill., February 19, 1884.

Albert C. Bowermann, M. D., Modesta, University of Toronto, Canada, June 8, 1876.

James M. Embry, M. D., Pomona, University of Louisville, Ky., March 1, 1870.

William Farris, M. D., San Francisco, College of Physicians and Surgeons, Republic of Iowa, Iowa, February 28, 1879.

Newell K. Foster, M. D., Oakland, Long Island College Hospital, New York, N. Y., June 28, 1878.

William M. Gough, M. D., Los Angeles, Medical Department University of Louisville, Ky., March, 1848.

Herman E. Hasse, M. D., Los Angeles, Julius Maximilian University, Bavaria, June 19, 1861.

Thad. W. Helm, M. D., Pomona, Missouri Medical College, Mo., March 2, 1886.

Albert Maldonado, M. D., San Francisco, Bellevue Hospital Medical College, March 14, 1886.

Thomas Franklin McGee, M. D., Azusa, Missouri Medical College, Mo., March 4, 1884.

Lorenzo Northrup, M. D., San Diego, Rush Medical College, Ill., February 3, 1869.

Luther Milton Powers, M. D., Los Angeles, Washington University School of Medicine, Maryland, February 22, 1877.

John L. D. Roberts, M. D., Monterey, University City of New York, N. Y., March 6, 1885.

David F. Rupp, M. D., San Diego, Kansas City College of Physicians and Surgeons, Kansas, March 4, 1879.

Asbury J. Russell, M. D., Oakland, University of Wooster, Ohio, February 27, 1868.

John Innes-Stephen, M. D., San Francisco, Kings and Queens' College of Physicians, Ireland, Dublin, July 23, 1886.

Hayward Clazier Thomas, M. D., Concord, Jefferson Medical College, Philadelphia, Penn., April 5, 1887.

WM. M. LAWLOR, Secretary.

Parke, Davis & Co.'s latest report is that stenocarpine or gleditschine is a fraud.

We would like brief articles from some of our subscribers on ptomaines. Our attention has been called to this subject by Hon. John Mansfield. It is well worthy of investigation.

SPECIALS.

WE are glad to announce the arrival home from a six months' European tour of our ex-mayor, Hon. E. F. Spence, and his family. Mr. Spence signaled his departure from Los Angeles by placing \$50,000 in the hands of Dr. M. M. Bovard, President of the University of Southern California, with which to establish an observatory. He was early in his business life a druggist, and, although for the last fifteen years a banker, he still continues to manifest a lively interest in medical and sanitary matters. We well remember our first meeting with Mr. Spence. It was in 1875. We were called to see a consumptive who was in destitute condition—a poor young man, far away from all relatives. On entering the room we saw a man kneeling beside the bed, with sponge in hand washing and dressing a foul, mal-odorous, anal fistule. Day after day we met this friend in need at the poor man's bedside. That self-appointed nurse was the Hon. E. F. Spence. Such kindly acts as these, combined with wit, wisdom and good fellowship, have surrounded him with hosts of friends who are made glad by his presence.

Drugs and Medicines of North America we consider one of the most valuable publications in the United States and we regret that it is to be changed from a quarterly pamphlet to an annual book. It is devoted to the historical and scientific discussion of the botany, pharmacy, chemistry and therapeutics of the MEDICINAL PLANTS of NORTH AMERICA and is profusely illustrated. J. N. & C. G. Lloyd, Cincinnati, Ohio, are the publishers.

The American Gynecological Society was in session in New York city, September 13, 14 and 15. Dr. A. J. C. Skene was the president. Several valuable papers were read. Dr. Robert Battey, of Rome, Georgia, was elected president. A resolution was adopted refusing to become a tail to the "American Congress of Physicians and Surgeons." The next session will be in Boston, the third Tuesday of September, 1888.

Dr. Fordyce Barker (*American Journal of Obstetrics*) says the most valuable remedy for hemorrhages, occurring near or at the climacteric, is a combination of equal parts of fluid extract of *hamamelis* and fluid extract *hydrastis*.

Thirty-two cases of diphtheria in Indianapolis, October 11.

One thousand dollars was the fee Dr. N. H. Morrisson, of Los Angeles, received for going back to his old home in Mepherston, Kansas, and attending a lady in confinement. The doctor has recently returned to Los Angeles.

OUR BOOK REVIEWS.—The readers of THE SOUTHERN CALIFORNIA PRACTITIONER will always find much that is valuable in the Book Review department. This part of this journal is alone well worth the subscription price. These reviews are not fulsome advertisements but carefully considered criticisms.

Dr. H. G. Brainerd and Dr. E. L. Townsend have returned from the International Medical Congress and resumed their professional duties. Dr. Brainerd's lectures on Diseases of the Nervous System, at the Medical College of the University of Southern California, are commented on very favorably by those who have listened to them.

The Physicians Visiting List (Lindsay & Blakiston) for 1888 has just been received by Stoll & Thayer, No. 3 Spring street, Los Angeles. Besides the visiting list, memoranda and record of births and deaths, it contains:

A Calendar for 1888 and 1889.

Table of Signs to be used in keeping accounts.

Marshall Hall's Ready Method in Asphyxia.

Poisons and Antidotes.

The Metric or French Decimal System of Weights and Measures.

Dose Table, revised and rewritten for 1888, by Hobart Amory Hare, M.D.,

Demonstrator of Therapeutics, University of Pennsylvania.

List of New Remedies for 1888, by same author.

Aids to Diagnosis and Treatment of Diseases of the Eye, Dr. L. Webster Fox, Clinical Asst. Eye Dept. Jefferson Medical College Hospital, and G. M. Gould.

Diagram Showing Eruption of Milk Teeth, Dr. Louis Starr, Prof. of Dis. of Children, University Hosp., Phila.

Posological Table, Meadows.

Disinfectants and Disinfecting.

Examination of Urine, Dr. J. Daland, based upon Tyson's "Practical Examination of Urine." (5th Ed.)

Incompatibility, Prof. S. O. L. Potter, Author of "A Hand-book of Materia Medica and Therapeutics."

A New Complete Table for Calculating the Period of Utero-Gestation.

Sylvester's Method for Artificial Respiration. Illustrated.

Diagram of the Chest.

Dr. J. H. Woodburn, who has been practicing medicine in Indianapolis for the last forty years, made us a delightful call recently. He is a genial, intelligent, progressive physician. His memory is richly stored with clinical observations. For forty years he has been treating typhoid fever as it is usually treated to-day. The only variation from the expectant, nourishing treatment he has followed so long and successfully is to give ten grains of antipyrine when the temperature is very high and the skin hot and dry. Dr. Woodburn's experience coincides with ours in never seeing any untoward effect from ten grain doses of antipyrine repeated two or three times. The doctor is very imperative in ordering his patients to have all linen changed daily. A daily, tepid, sponge bath is a wonderful assistant. Dr. Woodburn in his long and, as we happen to know, extensive practice has lost but five patients from typhoid fever.

The Physicians' Perfect Call-Book and Record, published by Geo. S. Davis, Detroit, Mich., is a valuable multum in parvo. No physician will regret buying it.

OUR ADVERTISERS.

WE have for many years rode in wagons and carriages from the establishment of S. W. Luitweiler, corner of Requena and Los Angeles streets, and we can sincerely commend his house to the readers of the SOUTHERN CALIFORNIA PRACTITIONER.

BROMO-SODA.—During my voyage on the steamer Arizona I cured at least twenty-five cases of sea-sickness by giving Warner & Co.'s preparation of "Bromo-Soda" in large doses. I heartily commend it, as from personal experience it afforded great relief when other remedies failed.—W. C. DEANE, M. D., 727 Lexington avenue, N. Y.

The Phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in nervous exhaustion, general debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals.

Listerine has become one of the indispensables. It is elegant and efficient.

Read Parke, Davis & Co.'s new chapter on the last page.

Wm. R. Warner & Co.'s Bromo-Soda will render physicians great aid in curing nervous headaches.

The essay on WHEY is meritorious. The Fairchild Bros. & Foster preparations are invariably reliable.

The Sierra Madre Sanatorium is a much-needed institution in Southern California. It is happily located and in excellent hands. Dr. Shuey is a competent physician, and has an able lieutenant in Miss Treat.

Fellows' Hypophosphites has been long on the market, and is very extensively prescribed by physicians. Like antipyrine, it is a proprietary medicine, but many physicians believe it is an injustice to their patients not to prescribe them.

Acid Mannate is a pleasant, useful laxative. Every physician should seek first efficiency and then palatability. Never forget the latter. The man who has no more regard for his patients than to give them nauseous, vile compounds, when pleasant remedies would be just as curative, does not deserve the name of doctor.

We are always glad to commend the house of Wm. L. Duncombe & Co. of San Francisco. Dr. Brainerd, Professor of Diseases of the Mind and Nervous System in the Medical College of the University of Southern California, is using one of their Barrett Chloride of Silver Galvanic Batteries, and speaks very highly of its value.

Papoid and papsin are being used extensively for acid dyspepsia and intestinal catarrh. The *Medical and Surgical Reporter* advises its use in a mixture of equal parts of glycerine and water. Dose one-half to one grain for children and two to five grains for adults. It may be combined with bicarbonate of soda and other alkalies. Read the Papoid advertisement.

Time and again the publishers of the SOUTHERN CALIFORNIA PRACTITIONER have received offers of liberal remuneration for questionable advertisements, but they submit all advertisements to the editors, and all propositions, except from the most reliable houses, are invariably rejected. In this way every article mentioned in the advertising columns, has the indorsement of the editors of this journal.

The new advertisement of Redington & Co., the Pacific Coast House, will be read with interest. Every physician who visits San Francisco should go through their wonderful laboratory.

BOOK REVIEWS.

INSANITY: ITS CLASSIFICATION, DIAGNOSIS AND TREATMENT. A manual for students and practitioners of medicine. By E. C. SPITZKA, M. D., President of the New York Neurological Society, etc. 423 pages. E. B. Treat, 771 Broadway, New York. 1887. Price \$2.75. Second Edition. For sale by Dr. E. F. Buzett, agent for Southern California. Address Stoll & Thayer, No. 3 South Spring street, Los Angeles.

Aside from the classic work of Rush, now three-quarters of a century old, and the more recent contributions of Ray, American medical literature had been unusually barren in the line of Mental Disease, till four years ago, when, within a twelvemonth, it was enriched by the systematic treatises of Hammond, Mann and Spitzka. The former is the more entertainingly written, and consequently more interesting to the general practitioner, but Spitzka's work is a far more scientific exposition of the subject of insanity, and more in accord with the opinions of distinguished alienists, both in this country and abroad, than that of either of the others.

His definition of insanity, which is too lengthy to meet the approval of most, has the advantage of covering the ground very thoroughly, is as follows:

"Insanity is either the inability of the individual to correctly register and reproduce impressions and conceptions based on these in sufficient number and intensity to serve as guides to actions, in harmony with the individual's age, circumstances and surroundings, and to limit himself to the registration, as subjective realities, of impressions transmitted by the peripheral organs of sensation; or the failure to properly co-ordinate such impressions and to thereon frame logical conclusions and actions: these inability and failures being in every instance considered as excluding the ordinary influence of sleep, trance, somnambulism, the common manifestations of the general neuroses, such as epilepsy, hysteria and chorea, of febrile delirium, coma, acute intoxication, intense mental pre-occupation and the ordinary immediate effects of nervous shock and injury."

After such a lengthy and comprehensive definition, we would naturally expect an exhaustive classification, and in this we are not disappointed, as the following shows :

INSANITY.

GROUP FIRST. PURE INSANITIES.

SUB-GROUP A.

Simple Insanity, not essentially the manifestation of a constitutional neurotic condition.

FIRST CLASS.

Not associated with demonstrable active organic changes of the brain.

I. DIVISION. Attacking the individual irrespective of the physiological periods.

a Order: Of primary origin.

Sub-order A. Characterized by a fundamental emotional disturbance.

Genus 1: of a pleasurable and expansive character.

Simple Mania.

Genus 2: of a painful character.

Simple Melancholia.

Genus 3: of a pathetic character.

Katatonia.

Genus 4: of an explosive transitory kind.....Transitory Frenzy.

Sub-order B. Not characterized by

a fundamental emotional disturbance.

Genus 5: with simple impairment or abolition of mental energy.

Stuporous Insanity.

Genus 6: with confusional delirium.

Primary Confusional Insanity.

Genus 7: with uncomplicated progressive mental impairment.

Primary Deterioration.

b Order: Of secondary origin.

Genus 8: Secondary Confusional Insanity.

Genus 9: Terminal Dementia.

II. DIVISION. Attacking the individual in essential connection with the developmental or involutional periods. (A single order.)

Genus 10: with senile involution.....Senile Dementia.

Genus 11: with the period of puberty. Insanity of Pubescence (Hebephrenia.)

SECOND CLASS.

Associated with demonstrable active organic changes of the brain. (Orders coincide with genera.)

Genus 12: which are diffuse in distribution, primarily vaso-motor in origin, chronic in course, and destructive in their results.

Paretic Dementia.

Genus 13: having the specific luetic character.....Syphilitic Dementia.

Genus 14: of the kind ordinarily encountered by the neurologist, such as encephalomalacia, hæmorrhage, neoplasms, meningitis, parasites, etc.....Dementia from Coarse Brain Disease.

Genus 15: which are primarily congestive in character and furibund in development.....Delirium Grave (Acute Delirium, *Manie Grave*.)

SUB-GROUP B.

Constitutional Insanity, essentially the expression of a continuous neurotic condition

THIRD CLASS.

Dependent on the great neuroses (orders and genera coincide).

I. DIVISION. The toxic neuroses.

Genus 16: due to alcoholic abuse.....Alcoholic Insanity.

(Analogous forms, such as those due to abuse of opium, the bromides, and chloral, need not be enumerated here, owing to their rarity.)

II. DIVISION. The natural neuroses.

Genus 17: the hysterical neuroses. Hysterical Insanity.
 Genus 18: the epileptic neuroses. Epileptic Insanity.

FOURTH CLASS.

Independent of the great neuroses (representing a single order).

Genus 19: In periodical exacerbations. Periodical Insanity.

Order: arrested development } Genus 20: Idiocy and Imbecility.
 } Genus 21: Cretinism

Genus 22: manifesting itself in primary dissociation of the mental elements, or in a failure of the logical inhibitory power, or of both.
 Paranoia (Monomania).

GROUP SECOND. COMPLICATING INSANITIES.

These may be divided into the following main orders, which, as a general thing, are at the same time genera: Thaumatic, Choreic, Post-febrile, Rheumatic, Gouty, Phthisical, Sympathetic, Pellagrous.

This classification, although it seems intricate and perplexing, on closer inspection, we will find that it is quite applicable to clinical work and that it is less confusing than most systems of classification and more comprehensive. His able defense of the term "monomania" has established its usage by American alienists, and just why he should prefer to substitute the word "paranoia" in the second edition is not clearly explained. His work is already accepted as authority in most courts and no one who expects to give expert testimony, in cases involving the question of mental soundness, can afford to be without it. No one has done more to advance the cause of psychiatry in America than Spitzka, and it is with pleasure that we note that the profession show their appreciation by demanding a second edition of his valuable work. B.

LESSONS IN GYNECOLOGY. By WILLIAM GOODELL, A. M., M. D., Professor of Clinical Gynecology in the University of Pennsylvania, etc. Third Edition, thoroughly revised and greatly enlarged. With 112 illustrations. Philadelphia, Pa.: D. G. Brinton, 115 South Seventh street. 1887.

This book has grown rapidly, but not so rapidly as the reputation of its writer. Like all the writings of its author, it is distinguished by its intensely practical tone. He describes what he has seen and tried, and wastes little space in but purely theoretical disquisition.

If we were asked to point out the most valuable chapter in the work we would unhesitatingly turn to the pages treating of the perineum and the injuries which it receives during labor. The advice, which Goodell has wisely reiterated to generation after generation of students, to remove the forceps

as soon as the perineum begins to bulge, deserves to be inscribed on the walls of the lecture-room.

The lessons on the relations which faulty privies bear to diseases of women, and on conjugal onanism, are without parallel in the English language, as specimens of the truthful, vigorous, and withall delicate way in which some disgusting facts may be handled. The remarks on "preventive checks" to reproduction are so eloquent that we cannot forbear to quote from them:

"I dare any political economist to show me one innocuous expedient whereby conception can be avoided. . . . Even natural sterility is a curse. Show me a house without children, and, ten to one, you show me an abode dreary in its loneliness, disturbed by jealousy or by estrangement, distasteful from wayward caprice or from unlovable eccentricity. Depend upon it, gentlemen, there are no thornless by-paths by which man can skulk from his moral and physical obligations; no safe stratagems by which he can balk God's first blessing and first command."

A HANDBOOK OF GENERAL AND OPERATIVE GYNECOLOGY. By HEGAR and KALTENBACH. In two volumes. Vol. II. Operations on the tubes, uterus, broad ligaments, round ligaments and vagina. Operations in urinary fistule. Prolapse operations. Operations on the vulva and perineum. With 248 wood engravings. Edited by Egbert H. Grandin, M. D. Being Volume Seven of Wood's Cyclopedia of Obstetrics and Gynecology.

This work treats of the operations mentioned in the title page with truly German thoroughness. In reading it one is surprised to notice that many operative procedures are discussed which are from time to time brought forward in the journals as novelties by misguided enthusiasts. The pages treating of tuberculosis of the tubes demand special attention. Hegar, it is said, has performed salpingotomy in six of these cases, with wonderful results, considering the inherently unfavorable prognosis of the disease.

The book is fully up to the high standard of its predecessors.

A MANUAL OF THE PHYSICAL DIAGNOSIS OF THORACIC DISEASES. By E. DARWIN HUDSON, JR., A. M., M. D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; Physician to Bellevue Hospital, etc. One volume. Octavo. 162 pages. Nearly 100 illustrations. Muslin. Price \$1.50. New York: William Wood & Company.

A melancholy interest attaches to this volume from the fact

that its talented author has passed beyond the reach of all praise or blame, having suddenly sickened and died just after the manuscript had been placed in the printer's hands.

The work is the outcome of the author's needs as a teacher in the New York Polyclinic. While the opinions of the best authorities have been carefully collated, yet the writer has also made free use of his own large experience and observation.

The essential facts have been so succinctly presented, and have been so well illustrated, that the reader's attention cannot fail to be fixed.

DIFFERENTIAL DIAGNOSIS: A MANUAL OF THE COMPARATIVE SEMEIOLOGY OF THE MORE IMPORTANT DISEASES. By F. DE HAVILAND HALL, M. D., Assistant Physician to the Westminster Hospital, London. Third American Edition, thoroughly revised and greatly enlarged. Edited by Frank Woodbury, M.D., Professor of Therapeutics, etc., in the Medico-Chirurgical College, etc. Philadelphia: D. G. Brinton, 115 South Seventh street. 1887.

This is a very full and yet concise treatise on medical diagnosis. Recent advances in our science are lucidly discussed. The bacillus of tuberculosis, cerebral localization, multiple neuritis, and tetany, may be especially mentioned as subjects which have received much attention from the journals in late years, and which our author has treated very satisfactorily.

DISEASES OF THE FEMALE MAMMARY GLANDS, by TH. BILLROTH, M.D., of Vienna, and **NEW GROWTHS OF THE UTERUS**, by A. GUSSEROW, M.D., of Berlin. Illustrated. These two works constitute Vol. IX. of the "Cyclopedia of Obstetrics and Gynecology" (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Company.

Billroth's name is a sufficient guarantee of the excellence of his work. It is needless to remark that his views as to malignant tumors of the breast favor early and complete extirpation. His enthusiastic advocacy of antisepticism is also well known.

Gusserow presents us with an almost bewildering array of facts in regard to uterine growths. He, also, speaks with no uncertain sound in advising early operation for cancer; but inclines rather to the high amputation when the disease is limited to the cervix, than to total extirpation. An excellent feature of the work is the chapter on uterine cancer in its connection with pregnancy.

We can cordially commend these works to our readers.

REPRINTS, ETC.

UTERINE FLEXIONS. By JOHN BLAKE WHITE, M. D.

ORATION, delivered before The Alumni Association of the Medico-Chirurgical College of Philadelphia, by DUDLEY S. REYNOLDS, A.M., M. D.

PELVIC INFLAMMATIONS; or, CELLULITIS *versus* PERITONITIS. By THOMAS ADDIS EMMET, M. D.

LONG ISLAND COLLEGE HOSPITAL, Brooklyn. Twenty-ninth Annual Announcement. 1887.

ELECTRICITY IN THE TREATMENT OF UTERINE DISPLACEMENTS. By GEO. J. ENGELMANN, M. D.

NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL. No. 226 East 20th street. Sixth Annual Announcement.

THE USES OF ADHESIVE PLASTER IN ORTHOPÆDIC SURGERY. By A. B. JUDSON, M. D.

RETROVERSIO-FLEXIO and a New Instrument for the Reposition of the Uterus. JOHN ALEX MILLER, M. D., San Francisco.

ELECTROTHERAPY. By C. H. HUGHES, M. D., St. Louis.

NEURITIS PLANTARIS. By C. H. HUGHES, M. D., St. Louis.

TRANSACTIONS of the Medical Association of the State of Missouri. 1887.

ELECTRICITY IN GYNECOLOGICAL PRACTICE. By GEORGE J. ENGELMANN, M. D.

THE ETIOLOGY OF DENGUE. By J. W. McLAUGHLIN, M. D., of Austin, Texas.

CONGENITAL OCCLUSION OF THE POSTERIOR NARES. By ALVIN A. HUBBELL, M. D.

VESICAL IRRITATION IN WOMEN. By VIRGIL O. HARDON, M. D.,

PULMONARY PHTHISIS. Report of Committee on Microscopy and Histology. By ALBERT ABRAMS, M. D., Chairman. San Francisco, Cal.

GASEOUS ENEMATA. By J. SOLIS COHEN, M. D., Philadelphia.

RENAL COLIC: A Criticism. By J. B. MARVIN, M. D.

CASE OF BRONCHO-PULMONARY MYCOSIS. By WILLIAM F. WAUGH, M. D., Philadelphia.

PERFORATION OF THE APPENDIX VERMIFORMIS. By J. McF. GASTON, M. D., Atlanta, Ga.

SURGICAL RELATIONS OF THE ILEO-CÆCAL REGION. By J. McF. GASTON, M. D., of Atlanta, Georgia.

ANNOUNCEMENT of Gross Medical College of Denver. Session 1887-1888.

IRITIS. By A. G. SINCLAIR, M. D., Memphis, Tenn.

RECENT ADVANCES IN PREVENTIVE MEDICINE. By GEORGE H. ROHE, M. D., of Baltimore, Maryland.

REPORT on the Etiology of Leprosy to the California State Medical Society. By W. F. McNUTT, M. D.

The October number of the *American Journal of Photography*, published by Thos. H. McConnell & Co., 635 Arch street, Philadelphia, contains an article by Dr. Ellerslie Wallace, who has become somewhat noted as an amateur photographer. The physician who is an amateur photographer is to be congratulated. Photography is a valuable assistance in keeping a record of a case.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION, FOR SEPTEMBER, 1887.

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.

Los Angeles, California.

Month of September, 1887.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & Hundreths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	29.89	67.0	79.0	56.8	.00	Mean Barometer, 29.875
..... 2	29.87	66.7	79.3	56.3	.00	Highest Barometer 29.985 date 21.
..... 3	29.78	67.0	78.0	59.3	.00	Lowest Barometer, 29.729, date 3.
..... 4	29.78	65.3	72.5	61.4	.00	Monthly Range of Barometer, 25.6
..... 5	29.89	66.0	76.0	60.7	.00	Mean Temperature, 68.2.
..... 6	29.92	64.7	78.0	52.1	.00	Highest Temp'ture, 91.0, date 11.
..... 7	29.86	65.3	81.0	52.1	*T	Lowest Temperature, 49.2, d. 8, 9.
..... 8	29.79	67.7	84.	49.2	*T	Monthly Range of Temperature, 41.8
..... 9	29.81	68.7	86.0	49.5	*T	Greatest Daily Range of Temper- ature, 36.8.
.....10	29.83	74.7	90.3	60.7	*T	Least Daily Range of Tempera- ture, 11.1.
.....11	29.84	76.0	91.0	66.5	.00	Mean Daily Range of Tempera- ture, 24.4.
.....12	29.96	70.7	81.5	63.7	.00	Mean Temperature this Month
.....13	29.94	69.0	82.0	59.3	.00	1879.. 67.2 1882.. 67.6 1885.. 69.5
.....14	29.88	69.7	83.0	58.8	*T	1880.. 64.5 1883.. 71.9 1886.. 65.6
.....15	29.86	68.7	84.5	55.2	.01	1881.. 67.9 1884.. 65.5 1887.. 68.2
.....16	29.85	69.7	82.0	58.3	.00	Mean Daily Dew Point, 61.8.
.....17	29.86	69.7	85.0	55.0	.01	Mean Daily Relative Humidity. 82.0
.....18	29.84	68.7	88.0	53.1	*T	Prevailing Direction of Wind, W.
.....19	29.82	67.3	86.0	49.2	*T	Total Movement of Wind, 3748 miles.
.....20	29.88	68.3	86.0	52.1	*T	Highest Velocity of Wind and Direction, 23 miles, W.
.....21	29.94	71.7	85.5	61.4	.15	Total Precipitation, .18.
.....22	29.93	68.3	79.0	65.0	.00	Number Days .01 inches or more Rain fell, 0.
.....23	29.92	67.3	77.0	62.2	*T	Total Precipitation in inches and hundredths this Month
.....24	29.88	66.7	77.0	57.5	*T	1879.. .00 1882.. T 1885.. .05
.....25	29.87	64.7	77.8	56.3	*T	1880.. .00 1883.. .00 1886.. .11
.....26	29.91	68.0	81.0	61.4	*T	1881.. .00 1884.. T 1887.. .18
.....27	29.90	67.3	79.0	58.6	*T	Number of Foggy Days, none.
.....28	29.85	68.3	84.5	53.1	*T	" " Clear " 15
.....29	29.94	66.3	77.0	57.5	.01	" " Fair " 12
.....30	29.96	65.7	78.0	53.4	*T	" " Cloudy " 3
.....31	.....	.....	.....	.....	..	Dates of Auroras, none.
						Dates of Solar Halos, 18.
						Dates of Lunar Halos, 29.
						Dates of Frost Light, none.
						K King, none
						Dates of Thunderstorms, none

*Precipitation from Fog or Dew.

The T indicates trace of precipitation.

Month of October, 1887.

DATE	MEAN BAROME- TER.	TEMPERATURE			Precipitation in inches & hundredths	SUMMARY.
		MEAN	MAX.	MIN		
.....1	29.86	66.3	77.0	57.3	T	Mean Barometer 29.919.
.....2	29.83	64.7	76.0	57.3	T	Highest Barometer, 30.111, date 25
.....3	29.90	64.0	77.0	54.2	T	Lowest Barometer, 29.544, date 7
.....4	29.88	64.8	77.8	53.1	*.02	Monthly Range of Barometer, 56.7
.....5	29.77	63.0	79.0	49.0	T	Mean Temperature 65.8.
.....6	29.64	62.7	73.0	55.4	*.01	Highest Temperature 93.2, date 29.
.....7	29.58	69.3	78.0	57.3	.00	Lowest Temperature, 47.2, date 9,
.....8	29.71	69.7	83.0	63.4	.00	25 and 27
.....9	29.87	63.7	79.5	47.2	.00	Monthly Range of Temperature
.....10	29.86	66.0	82.0	53.1	T	46.0.
.....11	29.90	63.7	72.8	56.3	*.12	Greatest Daily Range of Tempera-
.....12	30.02	62.0	72.8	49.2	T	ture, 39.8.
.....13	30.01	59.7	71.6	49.2	T	Least Daily Range of Tempera-
.....14	29.97	61.7	73.0	49.4	T	ture, 14.4.
.....15	29.92	59.7	68.5	51.6	*.01	Mean Daily Range of Tempera-
.....16	29.93	61.3	70.7	56.3	.00	ture, 26.4.
.....17	29.95	61.0	71.8	52.1	.00	Mean Temperature this Month
.....18	29.97	69.7	85.3	49.2	T	1879.. 64.3 1882.. 63.0 1885.. 64.8
.....19	29.90	69.7	89.0	51.6	.00	1880.. 62.0 1883.. 61.0 1886.. 59.3
.....20	29.98	73.3	90.2	50.4	.00	1881.. 61.0 1884.. 62.3 1887.. 65.8
.....21	29.92	71.7	93.0	54.2	.00	Mean Daily Dew Point, 55.3.
.....22	29.82	68.0	82.8	51.4	.00	Mean Daily Relative Humidity,
.....23	29.84	64.3	79.0	49.7	.00	72.7.
.....24	29.99	60.7	71.0	55.2	*.01	Prevailing Direction of Wind W.
.....25	30.10	59.0	71.0	47.2	T	Total Movement of Wind, 4219
.....26	30.09	61.3	73.8	47.7	T	miles.
.....27	30.08	67.0	86.2	47.2	T	Highest Velocity of Wind and
.....28	30.06	74.0	91.5	54.7	.00	Direction, 34. NE
.....29	30.02	77.3	93.2	56.6	.00	Total Precipitation .17.
.....30	30.00	74.3	91.5	59.6	.00	Number Days 0.1 inches or more
.....31	30.00	68.3	82.2	55.0	.00	Rain Fell, 1
						Total Precipitation (in inches
						and hundredths) this month
						1879.. .93 1882.. .05 1885.. .30
						1880.. .14 1883.. 1.42 1886.. .02
						1881.. .82 1884.. .39 1887.. .17
						Number of Foggy Days, none.
						" " Clear " 24
						" " Fair " 6
						" " Cloudy " 1
						Dates of Auroras, none.
						Dates of Solar Halos, none.
						Dates of Lunar Halos, none.
						Dates of Frost, light, none.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

GEORGE E. FRANKLIN,

Sergeant Signal Corps.

NOTES: Barometer reduced to sea level and standard gravity.

LINES TO JENNER.

Within this tomb hath found a resting place
The great physician of the human race;
Immortal Jenner! whose gigantic mind
Brought life and health to more than half mankind.
Let rescued infancy his worth proclaim,
And list out blessings on his honored name;
And radiant beauty drop one grateful tear,
For beauty's truest friend lies buried here.

—Anon.

THE SOUTHERN CALIFORNIA PRACTITIONER.

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ORIGINAL.

CLIMATE AND HEALTH RESORTS OF CALIFORNIA.*

BY J. W. ROBERTSON, A. B., M. D.,

Assistant Physician and Pathologist, Napa (Cal.) Insane Asylum.

CALIFORNIA has but recently attracted the attention of sanitarians. This tardy recognition was partly due to its isolation, partly to the fact that the Argonauts looked not at the sky, but at the earth and cared nothing for scenery, climate or a pure atmosphere. The Coast belt contained no gold, therefore they ignored it. Southern California, where now bloom perennial orange groves and the rarest exotics, they pronounced a desert scarcely able to support a meager growth of sage brush and cactus, a fit habitation for the coyote and the squalid Troglodyte. Only recently has the fact been borne in mind that something is to be found more precious than gold, and from all over the world thousands of invalids flock here; they do not realize that California has a cosmopolitan climate adapted to all diseases that can possibly be benefited by change of air; that within its borders are to be found the altitude of the Alps, the scenery of Switzerland, the fruits of the tropics, numerous mineral springs which equal in value and are more healthfully situated than are those of the Eastern United States or Europe, the pure air of the Colorado Highlands and the winter climate of Florida; and that it is a nice question to always properly decide on that location best situated to relieve their particular disease. They do not always choose wisely.

Nor is this possible. Every town, every mineral spring, every seaside resort, so loudly and so persistently bids for their countenance and so little reliable information outside of interested statements can be obtained, that they cannot intelligently select.

* Read in the Section on State Medicine, at the Thirty-Eighth Annual Meeting of the American Medical Association, June, 1887.

I shall attempt to briefly outline the essential features of our climate, to explain in what particular respects we claim pre-eminence for it, the rational of its therapeutic influence, and to mention those localities which are best adapted to certain classes of disease.

While the climate of California is mainly due to its situation midway the temperate zone, the remarkable uniformity of temperature is due to local causes. The great law that, in the northern hemisphere, all western coasts are warmer than the eastern, which is particularly well pronounced when the Eastern is compared with the Western Coast of the United States. The mean isotherm of 50° which passes through New York, latitude 41° bears northward as it crosses the continent, touching the Pacific at Vancouver's Island, latitude 49° . Nature also draws isotherms in her distribution of trees and plants. While, on the Eastern Coast, 60° is the northern limit of Coniferae they are found as high as 68° and 70° in regions adjoining the Pacific. It is then evident that the climate of California is much more temperate than that of the Eastern States, which are situated in the same latitude; but this does not hold true of Southern California. Here the conditions are reversed; San Diego, in the same latitude as Charleston, is 8° cooler. San Francisco and Washington, in the same latitude and having the same mean annual temperature, have climates very dissimilar, owing to the great difference between the mean summer and winter temperatures of Washington, which amounts to 40° , and the small difference in San Francisco being not over 12° . The mean annual temperature of Santa Barbara is 60° , San Francisco 55° , nor does it fall below this on the Northern Coast. In Crescent City, 300 miles north, the temperature is as mild as is that of San Francisco, frost and snow being of rare occurrence.

That this Coast Line, stretching through 8° of latitude, should have such remarkable uniformity of temperature, while phenomenal, is explained by the constant west wind which comes from the warm Japan current. These winds bear with them the uniformity of temperature of large masses of water and render the West Coast climate warm in winter and cool in summer. For this reason isothermal lines are, as they near the Coast, so deflected as to run north and south, and to mark out three climatic belts which I have named Coast, Valley and

Mountain. This division has been generally adopted and from a therapeutic standpoint answers admirably.

The Coast climate extends several hundred miles north and south, and reaches from five to twenty miles inland.

The Valley belt, beyond the Coast range, commencing with Shasta valley on the north, extends down through the Sacramento and San Joaquin Valleys into the arid plains of the Mojave and Colorado deserts, while the Mountain includes the Sierra Nevada beyond. Rainless summers characterize all these regions.

That portion of California which has obtained the greatest reputation, which has filled the eyes of strangers with visions of a land where the orange and the vine flourish, where the tenderest plants grow unprotected, where it is neither so warm as to be sultry or so cold as to necessitate fire, where nature has so blended her charms as to hush the murmurings of the most fastidious invalid, is along the Coast and the adjacent country directly influenced by it. And this is of truth a wonderful region: A Coast line extending through 8° of latitude where snow is phenomenal and frost rare, where the mean daily, monthly, and annual temperature varies within a few degrees only, where the bright sunshiny days are the rule and sultry ones unknown, where the fresh salt air so invigorates as to prove an exhilarating tonic, and where flagging energies and a toneless system are revived and thrown into a state of the highest tension, commands recognition. To every picture there is, and should be, some dark lines. In our enthusiasm we often forget to mention the fogs which float in from the ocean and enwrap us with a chilly embrace; that the breeze which so intoxicates us and which, by long habit, we have learned to call bracing, searches the marrow-bones of the unacclimatized and sends cold chills through the enfeebled frame of the invalid. This holds true of that region only which is north of Point Concepcion and is directly on the ocean.

Our boasted climate is only exemplified to the full in those places so far away from the Coast that the radiant heat will remove all rawness from the sea-breeze, or in those valleys adjacent to the Coast but protected by the foothills.

The Japan current which hugs the northern shores so closely, giving us a cool and bracing climate, does not exert the same influence south of Point Concepcion. This is partly

due to its waters being heated by the more southern seas and a hotter latitude, partly to the fact that it is at this point separated from the mainland and pushed to the westward by a warmer current. The wind blowing over this no longer chills, but still exerts a decided influence. For this reason certain portions of Southern California possess a climate in its way unapproachable and not to be rivaled the whole world over.

So loudly, so ably and with such justice have its praises been heralded that to add were useless. Even here, it is well, in selecting, that some care should be exercised. Climatically speaking, the therapeutic area of Southern California is small. It is limited to those localities only which are directly influenced by the ocean breeze and extends but a few miles inland. In the valleys back from the Coast the summer heat becomes unbearable, there is but slight vegetation and good water is not easily procured. The winters, however, are said to be mild, dry and wonderfully invigorating. Only a few inches of rain fall and out-door life is practicable.

It is this region that first attracted the attention of sanitarians and gave California its greatest climatic reputation. Even now the majority of invalids look to Los Angeles as to a new Mecca, and with ever-increasing wonder behold the mighty changes wrought by the hand of man, which for once have far outrivaled nature even in her most lavish mood. This climate speaks so strongly for itself, it is so mild and delightful that the most caviling cannot find fault and the invalid susceptible to the slightest chill, utters no complaint. For this reason it is taken for granted that it of necessity agrees. What is agreeable does not always agree. The climate of San Francisco, directly influenced by the cold ocean breeze, is not agreeable and makes but a poor impression on the visitor. Beyond all other spots along the Coast it is disagreeable, and all drawbacks to the Coast climate are here illustrated in extreme. This is caused by its location. The Sacramento and San Joaquin valleys here have their outlet. During the summer both are intensely hot and the rarified air, rising rapidly, forms a vacuum which the ocean breeze rushes in to fill. The Golden Gate is indeed a gateway, presenting no obstruction, and the wind sweeps through it, across the bay and up the Sacramento and San Joaquin rivers with great velocity. During the early morning, and ordinarily until near noon, the

bright sky, the mild and bracing atmosphere makes one so tingle and scintillate with life that every nerve of the body and all the faculties of the mind are in a state of tension, and no more delightful form of intoxication can be imagined. When the interior valleys, warming up, begin to suck in the cool sea-breeze the gentle motion of the air adds a new delight. In the course of an hour all is changed. It is no longer a breeze—it is a hurricane bearing everything before it that is ordinarily moved by such a force. Between the town and the ocean stretch several miles of sand-hills, and, fed by these, the streets soon become a swaying cloud of dust, fine sand and rubbish. On gala days when the sun shines on the interior valleys with unusual intensity, small gravel is added, that cuts like a whip and fills eyes, nostrils and mouth with a grimy coat. Strange to say, the inhabitants soon become accustomed to this, and after a few months' residence this one drawback counts for naught against its more powerful claims for their approbation. Along the whole Coast the heat of the interior causes a like afternoon breeze, but except in a few localities where a break in the foothills gives it free sweep, is not disagreeable.

This climate is susceptible of subdivision; the one just described being directly on the Coast; the other, more moderate, but of the same type, a few miles inland and protected by the foothills from the full force of the breeze. Here lie many valleys with a climate equaling that of Southern California. Those which have become best known because of their proximity to San Francisco are the Livermore, Santa Clara, Napa and Santa Rosa Valleys. None of them are distant an hour's ride, but because of their location the afternoon breeze is shorn of all harshness. These are fast being occupied as summer resorts. The country is rolling, well watered and fertile, bearing grapes, fruits and flowers in great profusion. In summer the thermometer may register 70° or 80° at mid-day, but such heat is exceptional. The mornings and afternoons are never sultry, and the nights are cool. Nor is there any evening fog. During the winter frost occurs but rarely, and snow and ice are unknown.

Still further inland, in the very heart of the foothills, there is a region which should attract sanitarians by reason of its promise of therapeutic usefulness. It combines magnificent scenery,

moderate elevation, and a bracing atmosphere with what promises to be most important mineral springs. These occur in great numbers and in a country which, without them, would leave but little to be desired. Fish and game abound and prove a sufficient attraction to force energy and life into the most lethargic and induce that amount of exercise necessary to vigorous health. Volcanic products are here found in great abundance and mineral deposits are frequent. Water, trickling through these, becomes impregnated with various salts, and, emerging as springs, undoubtedly possess some healing power. Little scientific attention has been bestowed upon them, and, while a few have been authoritatively analyzed and honest efforts have been made to have them stand on their own merit, many have been given names and analyses, tending rather to prove their resemblance to some celebrated Eastern or European Spa, than to make plain the many and strong claims peculiar to themselves.

While Sulphur, Vichy and Congress Springs may be rightly named, and their claims of resemblance to their more celebrated sponsors may be just; yet, because of their origin, it is no more probable that any two would resemble than that two kaleidoscopic pictures, although formed by the same glasses, should be identical. The more disagreeable the water tastes, the more redolent it is of sulphur or the more stained with iron, so much the more eagerly is it sought after. No matter what salts be contained in the water or what be their degree of concentration, the amount consumed is, as a rule, limited only by the capacity of the stomach or its ability to retain. Thus abused their very best therapeutical effects cannot be obtained. At a few of the more prominent resorts physicians are located who can give intelligent directions with regard to the waters and recommend or forbid their use, but therapeutical precautions are often disregarded.

These springs are scattered over the whole State. Provided they be easily accessible and the surrounding country, climate and scenery be such as to warrant the outlay, a health resort is established; otherwise they are ignored. Hundreds are found throughout the mountains of the Coast range in spots wild and inaccessible, but even these are by no means neglected. Wild animals, either attracted by the singularity of the taste of the water or for proved qualities, flock to them, and their

location is usually marked by numberless trails centering there.

Various classifications of these springs have been attempted, but their ingredients so vary that no rigidly scientific system can be adopted. Nor have the necessary analyses been made to even classify in accordance with the nomenclature ordinarily employed. But crudely as they have been used and greatly as they have been abused, there is much and unanimous testimony as to their beneficial effects in certain chronic diseases. Comparatively few springs are found either in the northern or southern parts of the State with more than a local reputation. It is in Central California, in the foothills already mentioned, that they abound. Lake county, so named for the beautiful sheets of water within its boundaries, contains the majority of these; although many are found in the adjacent counties of Napa, Solano, and Mendocino. In this region alone some thirty locations have been made, buildings erected and health resorts established. At many of these there are several springs both hot and cold; the former being used topically or in the form of bath, the latter internally.

Clear Lake, surrounded by mountains, lies in the heart of this region. It is easily reached from San Francisco, either by Calistoga or Cloverdale. Daily stages here connect with the various health resorts, the time occupied in reaching the most remote not being over twelve hours from San Francisco.

The climate of the Valley belt I cannot unreservedly praise. During the summer the thermometer ranges high, in certain localities registering 110° or over. This heat is better borne than would be that of a like intensity in the East, because of the extreme dryness of the atmosphere. This, like a sponge, absorbs moisture from the body with such rapidity as to cool the surface. Probably this evaporation is so great as to dry the fluids in the body, and certainly act injuriously upon the mucus membranes of the nose and bronchial tubes. Many cases of malaria, diphtheria and other endemic diseases here rankly flourish; partly due to artificial irrigation, but more especially found in those localities along the Sacramento and San Joaquin rivers which are annually overflowed. During the winter months therapeutic benefit can be obtained even here by reason of the mildness of those localities far to the south or where the Coast range breaks and allows the warmer Coast climate to exert a moderating influence.

Oroville, situated on the Western slope of the Sierras, is now regarded as the heart of the Northern citrus region, and the country adjacent is being fast settled by invalids who here combine a mild climate, with work not unpleasant.

The winter mildness of the Sacramento valley is not altogether due to the warmer coast wind. It lies at the foot and on the western slope of the Sierra Nevada mountains, which effectually protect it from the cold polar trade wind. This is well illustrated by comparing the winter climates of the western and eastern slopes. Truckee, on the eastern slope, is not uncommonly buried in ten to twenty feet of snow while Colfax and Auburn, just across the divide, are surrounded with green fields, and, a little further down, fruit orchards and orange groves flourish.

Lieut. Maxfield, Signal Service Officer in charge of the station at San Francisco, has, at my request, compiled the table appended.

JANUARY, 1886.

STATIONS.	Mean Temp.	Maximum.	Minimum.	Mean Daily Max.	Mean Daily Min.	Mean Daily Range.	Greatest Daily Range.	Least Daily Range.
Cape Mendocino	48.6	61.1	33.7	52.7	43.5	9.2	23.1	4.4
San Francisco	50.6	67.5	41.0	50.5	45.9	10.7	19.6	5.5
Red Bluff	46.4	64.5	30.0	54.3	39.3	15.0	27.5	5.0
Sacramento	45.7	62.2	27.5	52.0	40.4	11.6	21.5	3.5
Los Angeles	51.7	75.3	32.0	53.6	47.0	16.6	28.2	5.7
San Diego	55.0	73.5	34.8	62.3	49.3	13.0	24.2	4.6
Keeley	42.8	67.0	25.6	51.4	34.5	16.9	24.3	2.8
Yuma (Fort)	55.0	70.0	30.4	54.0	45.2	10.1	30.5	7.0

FEBRUARY, 1886.

Cape Mendocino	50.3	60.9	34.5	51.5	46.1	8.4	14.5	3.8
San Francisco	55.8	71.0	41.0	53.8	49.9	13.9	20.5	5.2
Red Bluff	51.5	77.0	37.0	64.9	44.4	20.5	33.0	0.5
Sacramento	53.5	72.7	38.0	61.4	47.1	14.3	23.0	7.0
Los Angeles	59.5	81.0	41.1	71.6	48.5	23.1	32.7	8.0
San Diego	58.5	80.3	44.2	68.6	50.2	18.6	29.6	4.8
Keeley	50.8	73.0	31.2	62.6	40.7	21.9	28.2	13.7
Yuma	62.7	83.4	43.0	76.2	50.2	26.0	33.3	18.4

MARCH, 1886.

Cape Mendocino	49.1	55.7	35.8	51.1	41.5	9.6	15.4	0.0
San Francisco	52.6	73.1	41.0	60.7	46.6	14.1	24.1	6.5
Red Bluff	52.5	74.7	35.0	62.0	43.8	18.2	29.4	10.0
Sacramento	52.1	72.0	37.7	60.8	44.2	16.6	26.3	8.3
Los Angeles	54.3	79.0	37.2	65.6	45.3	20.3	28.8	11.0
San Diego	55.0	68.2	40.7	62.2	48.0	14.1	20.6	7.1
Keeley	47.5	70.0	26.8	58.5	38.0	20.3	27.7	11.5
Yuma	60.5	88.0	38.1	74.1	47.2	26.9	36.6	11.7

APRIL, 1886.

STATIONS.	Mean Temp.	Maximum.	Minimum.	Mean Daily Max.	Mean Daily Min.	Mean Daily Range.	Greatest Daily Range.	Least Daily Range.
Cape Mendocino.....	47.5	63.2	38.3	52.9	42.9	10.0	17.2	4.8
San Francisco.....	54.9	78.7	44.2	61.7	49.2	12.4	25.2	5.2
Red Bluff.....	57.7	85.0	36.6	67.5	48.0	19.6	32.6	5.3
Sacramento.....	55.5	79.7	39.0	65.4	48.1	17.4	26.2	5.3
Los Angeles.....	57.2	80.0	42.3	69.0	48.7	20.3	35.5	10.0
San Diego.....	57.2	70.6	44.7	63.1	51.5	11.3	22.7	5.6
Keeler.....	55.6	80.3	35.2	67.3	45.5	21.9	27.3	10.5
Yuma.....	67.4	92.6	44.8	82.1	53.8	28.2	38.0	13.4

MAY, 1886.

Cape Mendocino.....	* 51.3	+ 63.7	+ 40.4	+ 57.5	+ 46.4	+ 11.1	+ 16.4	+ 5.7
San Francisco.....	57.8	85.5	47.8	66.4	51.8	14.6	31.6	7.3
Red Bluff.....	66.9	94.7	45.6	78.8	54.7	24.1	33.6	5.8
Sacramento.....	62.0	94.0	44.5	75.4	52.2	23.3	35.5	8.5
Los Angeles.....	62.4	89.0	44.2	78.5	51.1	27.4	38.7	12.5
San Diego.....	60.4	72.3	50.0	67.4	54.5	12.9	17.0	6.4
Keeler.....	68.4	91.4	45.6	80.7	50.4	24.3	30.9	14.3
Yuma.....	80.1	108.4	54.5	97.0	64.8	32.2	41.4	15.9

JUNE, 1886.

Cape Mendocino.....	54.0	65.9	47.0	59.6	49.9	9.7	14.2	6.5
San Francisco.....	57.9	82.8	48.3	67.8	51.1	16.7	27.6	8.4
Red Bluff.....	79.1	102.7	55.8	92.1	64.6	27.5	34.5	20.8
Sacramento.....	69.0	97.7	51.5	85.3	57.0	28.3	35.5	15.0
Los Angeles.....	66.1	91.6	48.2	80.9	58.6	24.1	39.4	9.6
San Diego.....	63.1	74.8	54.3	69.5	58.6	10.9	20.2	6.2
Keeler.....	75.8	98.4	48.4	89.5	63.5	26.0	31.1	17.5
Yuma.....	84.0	109.5	64.1	102.1	69.5	32.6	39.8	21.5

JULY, 1886.

Cape Mendocino.....	55.4	70.7	48.0	61.9	51.4	10.5	20.7	6.3
San Francisco.....	59.1	77.8	49.7	67.7	52.9	14.8	22.8	8.4
Red Bluff.....	+ 82.9	109.0	55.2	97.0	66.7	30.2	38.7	22.9
Sacramento.....	72.0	105.0	52.2	87.7	58.4	30.7	37.8	24.5
Los Angeles.....	69.7	98.1	50.4	86.9	57.9	29.1	40.4	19.8
San Diego.....	67.1	81.2	57.0	73.4	62.4	11.0	19.7	5.2
Keeler.....	79.9	100.4	58.3	93.4	68.1	25.2	32.1	13.3
Yuma.....	90.8	112.4	69.3	106.7	77.2	29.5	38.1	14.4

AUGUST, 1886.

Cape Mendocino.....	56.6	71.0	46.5	63.8	51.9	11.9	22.5	7.9
San Francisco.....	58.5	84.8	48.4	68.7	52.6	16.2	26.5	8.5
Red Bluff.....	81.5	103.8	57.2	95.9	65.4	30.5	37.1	22.5
Sacramento.....	71.6	102.0	53.2	90.4	58.4	32.0	42.8	23.0
Los Angeles.....	71.8	98.1	53.7	89.1	60.1	29.0	36.7	13.8
San Diego.....	70.5	82.5	61.4	77.5	65.5	12.0	15.7	8.2
Keeler.....	81.5	103.4	65.1	94.0	71.3	22.7	32.5	15.2
Yuma.....	89.6	111.6	74.7	102.2	79.5	22.7	33.6	11.9

SEPTEMBER, 1886.

Cape Mendocino.....	57.2	85.4	47.4	64.0	52.8	11.2	25.9	6.3
San Francisco.....	60.5	93.9	50.1	71.0	53.8	17.2	35.0	7.9
Red Bluff.....	75.6	106.4	52.6	89.9	61.1	28.5	37.4	17.4
Sacramento.....	67.9	96.0	49.0	85.9	54.9	31.0	40.0	20.0
Los Angeles.....	65.6	91.3	48.3	79.9	55.1	24.8	40.1	13.8
San Diego.....	66.6	77.7	60.0	72.3	62.7	9.6	17.1	6.0
Keeler.....	74.1	94.0	53.4	87.3	62.0	25.3	29.9	17.4
Yuma.....	84.2	104.5	62.0	98.7	70.7	28.1	35.6	20.8

* Observations for 28 days.

+ Observations for 29 days.

‡ Observations for 30 days.

OCTOBER, 1886.

STATIONS.	Mean Temp.	Maximum.	Minimum.	Mean Daily Max.	Mean Daily Min.	Mean Daily Range.	Greatest Daily Range.	Least Daily Range.
Cape Mendocino.....	53.0	64.8	44.4	58.1	49.8	8.3	13.2	5.5
San Francisco.....	57.1	78.9	46.0	66.1	51.1	15.0	28.9	6.3
Red Bluff.....	60.7	92.6	38.5	72.1	40.1	23.0	37.5	13.2
Sacramento.....	57.1	85.5	38.5	70.9	40.7	24.2	39.0	4.8
Los Angeles.....	59.3	82.2	41.1	71.9	48.3	23.6	39.4	8.2
San Diego.....	59.7	75.0	40.6	66.6	53.3	13.3	26.5	6.5
Keeler.....	52.2	81.4	33.6	68.0	46.8	21.2	27.6	15.3
Yuma.....	57.4	92.6	46.7	81.3	55.2	26.1	34.9	14.2

NOVEMBER, 1886.

Cape Mendocino.....	51.3	68.5	40.2	56.7	47.4	9.3	20.7	4.3
San Francisco.....	55.1	75.0	45.0	63.7	49.0	14.7	23.1	5.8
Red Bluff *.....								
Sacramento.....	50.4	74.2	32.2	63.0	38.6	24.4	34.2	6.2
Los Angeles.....	56.6	84.9	34.1	70.4	43.0	27.4	38.9	13.5
San Diego.....	50.0	77.0	40.0	65.8	48.0	17.8	26.4	6.6
Keeler.....	45.1	68.1	24.3	56.3	35.7	20.6	32.7	13.8
Yuma.....	57.8	80.8	32.9	69.7	46.6	23.1	36.7	12.9

DECEMBER, 1886.

Cape Mendocino.....	50.8	63.8	42.3	55.4	47.8	7.6	12.4	4.1
San Francisco.....	53.1	66.0	43.3	58.9	48.4	10.5	18.4	4.0
Red Bluff *.....								
Sacramento.....	49.2	65.2	32.0	57.6	42.2	15.5	32.2	5.5
Los Angeles.....	55.7	84.8	37.3	67.3	45.5	21.8	33.6	9.9
San Diego.....	56.0	75.5	40.5	63.4	49.2	14.2	24.5	7.0
Keeler.....	44.7	62.4	30.2	54.7	36.1	18.6	26.5	12.5
Yuma.....	59.3	79.3	34.3	72.5	47.3	25.1	32.6	18.1

* Form not received for this month.

Red Bluff, November, 1885.....	52.7	71.0	38.5	58.5	46.7	11.8	23.5	4.0
“ “ December, 1885.....	49.3	68.0	33.0	55.3	43.6	11.7	21.0	5.5

The stations named are taken as types, being selected as most nearly representing the various climates. The second column indicates the highest, while the third gives the lowest degree of heat registered by the thermometer during the whole month. The other columns are sufficiently explained by their headings. The stations located at San Francisco and Mendocino typify the climate of the Coast belt. Mendocino, projecting far into the ocean, is unduly exposed to the cold fogs and, for this reason, averages somewhat cooler than does San Francisco. Both north and south of Cape Mendocino the climate closely approximates that of San Francisco. Red Bluff and Sacramento fairly represent the climate of the Valley belt. Red Bluff, situated far north, is not so cooled by the sea-breeze as is Sacramento.

A comparison of the temperatures of Los Angeles and San Diego is apparently in favor of the latter city, which is a trifle

cooler in summer and warmer in winter. San Diego is directly on the ocean and is more exposed to winds than Los Angeles, for which reason many prefer the inland city.

Unfortunately, there is no official report of the temperature of Shasta and Scott valleys, which occupy the extreme north of the Valley belt, or of the eastern slope of the Sierras. These are the only portions of California whose climate resembles that of the Eastern States. There are four well marked seasons. The thermometer rises to 100° during the hottest days of summer and falls to zero or below during the winter. This is due to the fact that Shasta and Scott valleys are separated from the Coast by the Siskiyou Mountains, a range whose lowest pass is 5,000 feet above the level of the sea. This effectually protects them from the modifying influence of the coast wind.

Therapeutics.—The difference between the subdivisions of the Coast climate, viz.: that found directly along the coast and that of Southern California and inland valleys, is the difference between a plunge bath in the ocean and a tepid sitz bath which is so near the temperature of the body as to produce a feeling of languor only; in other words, should the patient be so feeble that the cold wind and salt air chill, and should the after effect be such as to leave him depressed and unrevived, a residence on the sea-coast is not desirable; on the other hand, should the patient be more robust and of a naturally vigorous constitution, the cold air, at first chilly and raw, soon produces a state of well-being. Vigor and tone are infused through the body, difficult for one who has never experienced it to understand.

But there are certain diseases, no matter what the constitution of the patient be, which are deleteriously affected by the Coast climate. Those suffering from rheumatism should especially avoid the coast and seek a residence either in the mountains or at certain mineral springs. Shovel Creek Springs, situated on the Klamath river in the northern part of Shasta valley, has obtained a reputation for its efficacy in the cure of this disease. Mud impregnated with hot mineral waters is used topically, and often succeeds in relieving those obstinate forms of chronic rheumatism when ordinary remedies fail. Hot baths are also to be obtained, but are not to be recommended unless competent medical advice has been sought and

the circulatory system found perfect. Other springs noted for their efficacy in this disease are found in the lake country. Much benefit has followed the internal use of the waters of the Bartlett and Witter Springs. Fulton Wells and Paso Robles have also obtained a wide reputation. Chronic bronchial and laryngeal affections are unfavorably affected by the raw sea air. For these the foothills, where the temperature is even and the climate mild, is a most suitable location.

The Highland Springs of Lake county, both by reason of their climatic surroundings and the specific influence claimed for its waters, has been highly recommended.

Those of a bilious temperament should avoid the coast. For some reason, to me unknown, it acts injuriously upon such cases. Avoiding the diseases just mentioned, those otherwise affected may seek the coast with a certainty of benefit, provided that their constitutions be sufficiently robust to react in the bracing atmosphere. Malaria never originates on the coast, and when contracted elsewhere and brought here, if mild, is at once cured; when more deeply rooted it assumes a remittent type and will often recover without aid of medicine. Those cases of malarial poisoning, accompanied by serious visceral lesions, which are of such frequent occurrence in the Southern and Southwestern States, and which medicine cannot relieve, should be sent to this climate. Those kidney diseases which water impregnated with lime is supposed to aggravate are relieved by the use of the waters here, which, as a rule, are deficient in this.

Certain waters strongly impregnated with alkaline carbonates, such as those found at Byron, Tolenas, and Skaggs Hot Springs, are also very efficient in relieving these cases.

Consumption is supposed to be favorably influenced by the modified Coast climate. It is true that the great majority of those coming to Southern California are of this class, but whether they derive any benefit outside of the hopes engendered and the exercise they undergo in their flight from death, I cannot say. Provided that the etiology of this disease be settled, that the bacillus which is beyond question found in the tuberculous deposits be not an effect, but the cause, and that its multiplication results in long destruction, then I cannot understand how any climate can materially benefit. A germicide and not a climate is essential for a cure.

On the other hand, if it be an inherited disease, depending on a depraved constitution, which at the least exposure is liable to break down and manifest itself by the formation of tubercles, then what improves and renders the body vigorous must also beneficially affect the lungs.

Consumptives should be warned not to drink the water of or to bathe in the hot mud of the various mineral springs. When the disease is advanced they should be kept at home, no matter what part of the world it be in.

Many come to California in the last stages, and only reach it to die among strangers. When the advice of the physician is overruled, and they must choose some climate, that region south of Santa Barbara should be selected; both because of its easy acceptability and by reason of its mildness and the unchangeable climate there found. In the early period much can be hoped for from this climate. Numerous health resorts have been established, both directly on the coast and in the interior valleys. For those incipient consumptives who are fond of sport, and for whom an out-door life is desirable, certain portions of the Mountain belt are to be recommended. Above 3,000 feet the oppressive heat disappears; though still warm, out-door exercise can be taken without inconvenience. Camp-life can be indulged freely, the dry summers assuring freedom from inclement weather. It combines together with magnificent scenery, a desirable elevation, dryness, a moderate temperature, and a pure atmosphere impregnated with the balsamic emanations of the pine and fir trees. There is an immunity from all endemic diseases except mountain fever—described by Dr. Kober in the last Report of the Secretary of the State Board of Health.

This exposure to dry and high atmosphere presents a hopeful prospect of recovery. Nature here acts on the lungs in a manner similar to that of the pneumatic cabinet recently so much in vogue. It causes the lungs to expand more freely and in this way assists in their development. What specific curative properties altitude possesses over consumption I do not know. I cannot believe that it is the mere fact of causing lung expansion. Certainly less oxygen is obtained in an equal number of respirations. As recent observations tend to show that germs do not readily develop in higher altitudes, this would be a plausible explanation. Consumptives should be

absolutely forbidden to use the mineral springs, as under no circumstances can benefit be derived. Certain cases uncomplicated by bronchial lesion seem to do well on the coast. This is probably due to lack of germs; for along the whole coast, except in the region of large cities, endemic and epidemic diseases are unknown. The wind undoubtedly acts as a germicide.

In a paper necessarily so brief, I cannot more fully enter into a discussion of the therapeutical effect of our climate. I trust that in making this summary of the topography of California, its climate, its peculiar environment and its many natural advantages, I have made the subject so well understood that it will be possible for every thinking physician to draw the legitimate conclusions, and to so intelligently advise those invalids desiring a residence here, that they may select a proper location. They should remember that much depends not only upon the disease itself, but also upon the condition of the patient and the peculiarities of his constitution.

DISCUSSION.

DR. J. M. ALLEN, of Liberty, Mo.: The article just read is certainly very suggestive of prospective changes in our ideas of pathology. The tubercle has been a puzzle to our profession for years. It is but recently that the mass of the profession has accepted the idea that it was of inflammatory origin. While it is not necessary for us to change from this position it seems more than probable that we will have to change our ideas as to the cause of this variety of inflammation, which we have ascribed heretofore to atmospheric conditions of heat, cold, moisture, etc., and add a new factor, the bacillus tuberculosis, which recent investigations have shown to be always present. This throws new light on climatology. Practical observation has long since taught us that locality, or the environment surrounding the human family, has much to do in determining the character of diseases they suffer from. The absence of a disease from a certain locality carries with it the fact of the absence of the specific cause of this disease. If this specific cause be a germ, it has a life to be supported by its environment, and can exist only when and where these essentials for its life and propagation exist. Now the facts as stated by the author of this paper, that phthisis pulmonalis

rarely occurs in certain districts in California, and when cases in their earlier stages are brought there they rapidly improve. This carries with it the idea that the essentials for the support and propagation of the bacillus tuberculosis are absent. This idea is strengthened, I think, by the fact that our system of railroads and other means of communication are so perfect and rapid that the bacillus has undoubtedly been planted there, yet it has not lived and propagated for the want of the elements necessary for the support of its life. Further, it is a well established fact that there are localities in the West where fresh beef may be hung out in the open air for weeks (without salt) and no putrefaction occur. This can only be explained by assuming that the bacteria of putrefaction are absent, or rather that the element necessary to support the life of this form of germ is absent. Why may not the same be true in regard to the bacillus tuberculosis? Again, Dr. Robertson informs us that in some of the districts of California malaria has no local existence, and only exists when imported, after which it manifests itself in a very mixed form and finally ceases to exist, or becomes attenuated. We all know that this is one of the most vigorous germs we have to deal with, and always exists wherever the elements for the support of its life exist. In regard to phthisis pulmonalis it is a well established fact that irritation followed by inflammation does not necessarily produce tubercle. But when the new factor of life is added, the bacillus tuberculosis, tubercle is always the result. But not desiring to go too far in this direction, we will say that wherever there exists tubercle, the bacillus is present; then what part does it play in the production of this pathological process? It cannot be that of an irritant only, for we all know that irritation and inflammation alone cannot produce tubercle. In view of the fact that this bacillus is a living germ that derives its support of life from its environment, may it not be that it consumes for the support of its life certain cell-elements, the absence of which causes the cell to undergo the retrograde metamorphosis of tubercular formation? We hope that the author of the paper will bring us annually a report on this interesting and important subject, and that he will avail himself of any opportunity to press his investigations in the fresh and fruitful field of scientific research.

DR. A. N. BELL, of New York, stated that the promotion of

phthisis may be found in dirty soil-moisture. The smallest percentage of phthisis is among people subject to ocean atmosphere (by which is not meant a *coast* atmosphere). The dry atmosphere, whether in a high latitude or in a hot school-room will draw moisture wherever it can get it, and will draw it from the nares and bronchial tubes. Englishmen go to Madeira, and others go to Nassau and Bermuda. Some think they cannot live unless they go to these places every winter, and is so not because they are in a moist atmosphere but a *clear* one, and one that is unirritating. It should be borne in mind that only about one-fourth of the cases of phthisis are hereditary, and that on most of our sea-coast we have dirty soil-moisture—the soil impregnated with both animal and vegetable decomposition.

DR. J. F. HIBBERD, of Richmond, Indiana, said that while he had great pleasure in the paper, it was open to the criticism of not being sufficiently definite to enable a physician to select the particular location in California where he could send a patient with any given form or stage of consumption. We needed more definite information. It was possible that certain surroundings in any climate might determine whether a patient with incipient consumption should succumb to the disease or recuperate and be of sound health. Dr. Lynch, in his address before the Association this morning, told of an experiment recently reported in Baltimore, wherein fifteen rabbits of equal development were utilized. Five of them were injected with baccilli, put into a dark, damp cellar, and all died of tuberculosis. Five were likewise injected with bacilli, sent into the country, where they had good air and food and opportunity for appropriate exercise, and they all recovered. Five were not injected with bacilli, but were placed in a dark, damp cellar, and all died, but not with tuberculosis. And to the same point was the testimony of Brown-Séguard, with whom he (Dr. Hibberd) had talked some years previously in Paris. He stated that the rabbits and other animals used in vivisections had been placed in unventilated quarters, and nearly all died of tuberculosis; but when they adopted the plan of sending these mutilated animals to the country, with plenty of good food, fresh air and exercise, they nearly all got well, though now and then one died of some traumatic accident.

DR. W. L. SCHENK, of Osage City, Kansas: The careful ob-

server notes the effects of various climates and localities upon health. The scientific sanitarian should account for such results. The author of the paper has told us that certain places in California are free from malarial diseases, while in other localities it exists abundantly. My friend says "bacteria malaria." Another might say, simply "malaria"—an entity or nonentity that the most careful and scientific researches in chemistry or microscopy have failed to demonstrate. In all localities where periodic diseases prevail with any considerable intensity, three factors exist, alternating heat and cold, associated with moisture; the moist heat of the day enervating, the damp cold of night emptying the superficial capillaries until internal engagement involves periodic disease. Moist heat enervates more than dry heat. Moist cold chills more than dry cold. Where there is alternating heat and cold with moisture there will be found malaria.

Dr. HENRY B. BAKER, of Lansing, Michigan, asked attention to the fact that three speakers, including the author of the paper, had coincided in mentioning localities and climates as favorable to freedom from malaria and to recovery from phthisis, the prominent character of which was small daily range of temperature; that is, slight difference between the day and night temperature. This is true of California and the ocean climates. On the other hand, in the inland States the malarial region is the region where there is great difference between the day and the night temperature. And going from the North toward the South the malaria increases somewhat in proportion as the difference between the day and the night temperature increases.

Dr. WOOD HUTCHINSON, of Des Moines, Iowa: There seems to me no inconsistency between either Dr. Bell's or Dr. Hibberd's statements and the germ theory of the origin of phthisis. The "dirty moist air" of the former is the chosen home and necessary environment of bacteria, while the "ocean air" is above all others essentially free from germs, inasmuch as they are too solid bodies to be carried over long ocean distances. California atmosphere ought to be germless on account of the ocean on the West, and the desert and frozen mountain chain on the East; and this undoubtedly is one of the factors in its value for the treatment of phthisis. The leading factor, however, in the efficacy of climate upon disease germs lies in the

fact that it encourages out-door exercise and improves the physique in every way. This is the one property in which the Engadine, Cuba, Los Angeles, and Madeira have in common. The most effective germicide is a vigorous healthy organism. Life is the deadliest enemy of disease and decay, and what we are endeavoring to accomplish with our cod-liver oil and hypophosphites, is done much more effectually by mild, invigorating climates. The vitality of the body is raised to where it can destroy any disease germ, whether tubercular or malarial.

SOME REMARKS UPON BERGEON'S TREATMENT, WITH NOTES OF THREE CASES.

BY ARTHUR E. GRESHAM, M. D.

It is but sixteen months, or thereabouts, since Dr. Bergeon, of Lyons, first instructed the profession in the use of his (then) new system of pulmonary therapeutics. Since that time, many physicians, in both this and the old country, have been experimenting with a system more or less approximating that enunciated by Dr. Bergeon.

Excepting the productions of the daily press in some of the Eastern cities, the published results of this treatment have been comparatively few, and those somewhat devoid of details—points upon which the professor laid so much stress. Right and left, physicians have thrown up the treatment, and openly condemned it as being useless. Comparatively few have, apparently, detected much benefit from its use. Public institutions in which it was used now know it no longer.

There appear to be some points—particularly insisted upon by the originator and his colleagues—which seem, from the published accounts, to have been overlooked; or which experimenters have thought not worth remembering, or have considered their own methods superior to those adopted by Dr. Bergeon for a period of two years.

First, according to Dr. J. F. Bennet, a colleague of Dr. Bergeon, the treatment is not recommended with a view to destroying the bacillus tuberculosis; for says Dr. Bennet (*British Medical Journal*, Dec. 18, 1886), "I may remark that although the bacilli diminish in number, they do not disappear from the

sputa, even in the cases most completely cured. This, says Dr. Bergeon, seems to imply that their presence is not the *fons et origo mali* in phthisis. He says that he does not propose his plan as a microbicide treatment, *but merely as one that succeeds.*"

Secondly, with respect to the gas used, the following is found in the paper above referred to: "Dr. Bergeon has tried on animals, as stated previously, many chemical agents—chlorine, turpentine, ether, ammonia-bromine—but they all produce irritation of the intestinal mucous membrane, and even gangrene, and he has had to abandon them. The only agent beyond the *natural sulphuretted hydrogen of mineral waters* that he has found quite innocuous and efficient, is the fluid *sulphuret of carbon*, the preparation that has been found so successful in destroying the phylloxera on vines. A teaspoonful is put into a glass tube, stopped at both ends with cotton, and the carbonic acid gas is passed through the tube, having previously been washed by passing it through a bottle of pure water." Now, in not one of the published results of experiments with this treatment, has any reference been made to the use of sulphuret of carbon, where the natural sulphurous waters were not obtainable. It may, nevertheless, have been tried by many.

Shortly after the treatment was first brought into general use, the writer, amongst numerous other experimenters, adopted Dr. Bergeon's method, but used, as others were doing, artificially prepared gases. At the end of three weeks, no improvement having taken place, it was determined to make a change, and bisulphide of carbon was then employed in place of the artificially prepared sulphuretted hydrogen. From the time this was substituted, improvement was marked, the weight and general appearance of the patients attesting to the amount of benefit derived from the altered treatment.

The amount of bisulphide employed was from $m \times - m \times x$ for each application, the gas being injected almost continuously and slowly for a period varying between ten and twenty minutes. It was found necessary to inject exceedingly slowly at first, otherwise the bisulphide, so volatile, caused smarting around the anus. Within a few minutes of beginning to inject, a sulphurous odor was easily detected in the patients' breaths. Whilst employing the sulphuretted hydrogen gas, partial syncope occurred on one or two occasions, presumably

from some of the gas having passed through the lungs to the arterial system.

Following are notes of three cases upon which the bisulphide of carbon treatment was employed:

X, *æt.* 44, janitor during past year. When 20, had fistula in ano and was operated upon for same. Had severe attack of pleurisy with effusion which caused collapse of lung on left side. For many years suffered from chronic bronchitis, with much muco-purulent discharge. Physical examination revealed: Left side flattened anteriorly, and movement materially lessened. Supra and infra-clavicular fossæ very marked. Heart impulse diffuse and plainly visible. Face and body much emaciated.

Absolute dullness from left apex to third rib. Right side fairly resonant. Moist râles at middle of inner border of left scapula. Temperature 99° ; pulse 86; weight 114 lbs. Cough very troublesome and expectoration copious. At the end of three weeks the patient's condition seemed unchanged except that he had lost *one pound* in weight. The bisulphide was then commenced, his weight being 113 pounds. Four weeks later the same scales registered $117\frac{3}{4}$ lbs., in spite of a week of diarrhea. The treatment was still continued, but the patient never passed 118½ lbs. His pulse was reduced to 75, and strengthened and his appetite improved. All through the treatment, the patient was obliged to work five hours each day in dust, so that no opportunity was given the gas to exert its influence upon him unopposed.

Y, *æt.* 20, was taken ill a year ago. Family history good. Had slight hæmoptysis. Examination of chest not noted. Weight 116 lbs.; temperature 98.60° ; respirations 38, and very shallow; pulse 100; night sweats occasionally; appetite fair. Two weeks later showed the weight to be $117\frac{1}{2}$ lbs.; pulse 100; respirations 30; appetite ravenous. The patient left the city and discontinued treatment.

Z, *æt.* 24, hotel night clerk, comes of a very scrofulous family, four brothers having died of the disease. Had hæmoptysis seven and a half years ago, and scrofulous abscess of the neck, also pupura hæmorrhagica. Physical examination showed both apices to be consolidated, râles below each clavicle; pulse 104; temperature 100.40° ; weight 136; chest expansion two inches. No night-sweats; cough only on exertion. Ex-

pectoration scanty. No hectic, and the kidneys free from disease. Four weeks later reveals: weight 139; pulse 77; temperature 98.70°; general appearance good, the patient feeling more active and less easily fatigued; appetite exceedingly good. After this the patient had two intercurrent attacks of pleurisy, which pulled him down again. The gas was then discontinued on account of the patient leaving the city.

Since Bergeon claimed benefit for all kinds of lung cases, the gas was tried, without choosing any particular class of case, upon all, whether bronchitic, chronic pneumonic, or actual tubercular disease. From the above notes it will be seen that improvement occurred in all, despite their being advanced cases. It is worthy of note that in the last mentioned case the gas was administered during the attacks of pleurisy, and almost immediately and entirely removed the pain from the patient's side.

Although the writer is ready to admit that the rectal treatment will only aid the majority of cases up to a certain point, yet he does not believe in throwing over the treatment as altogether useless.

Is it not a point gained, if when drugs by the stomach have failed to restore a disorganized digestion, we can improve the processes of nutrition by means of this special treatment? Is it nothing that in many cases we can reduce the temperature and pulse-rate, the night-sweats and insomnia, without constantly resorting to, and saturating the system with, quinine, etc., when undesirable so to do? Supposing the improvement to be but temporary—a few weeks in duration—may not those few weeks, in many less advanced cases, be the means of tiding over a critical point in the history of the disease, and of enabling once more to assert itself, the "*vis medicatrix naturæ*"?

75 North Spring street.

AN excellent authority, *The Druggists' Circular*, maintains that the vaunted raw meat extracts are made by taking beef or sheep blood, coagulating the fibrine by churning, and after straining it out adding an equal measure of the white of raw eggs. Decomposition is delayed by the use of boric or salicylic acid or alcohol.

PATHOGENESIS OF PTERYGIUM.

BY DR. A. C. ROGERS,

Late Resident Surgeon Manhattan Eye and Ear Hospital, New York City.

My attention was recently directed to this subject by the report of a paper in the *New York Medical Record* of August 6, 1887, from the pen of Dr. Theabold, of Baltimore. He takes issue with Aldt as to the development of pterygium. Dr. Aldt believed that an ulcer at the sclero-corneal margin was the first step of progress. Dr. Theabold is of the opinion that errors of refraction, failure of accommodation and a disturbed balance of convergence cause a local congestion of the conjunctiva most frequently seen over the internal recti muscles, which condition, long continued, results in this disease.

This will not explain to my entire satisfaction the greater frequency with which pterygium is observed in this locality compared with the East.

There the disease occurs, but it is not frequent. Here its manifestations come under the most casual observation. The usual location of the disease helps us in the most material way to understand a leading cause and method of development. It is found most frequently involving that portion of the ocular conjunctiva, not continuously covered by the lids.

The habits and business of the patient demand, in most cases, an exposure of the eyes to the irritation of wind, dust and the glare of light.

The disease may be frequently noticed among ranch-men, drivers and others who are especially exposed to the above mentioned influences. Persons following such vocations seldom suffer from eye strain, because their duties do not call for such accurate vision as the book-keeper, teacher or other professional man. If pterygium was a frequent result of eye strain we should find it more often among that class who require the most of the visual organs, the object of their investigations being within arm's-length. Accommodation and convergence being generally required only at such a distance.

Still further evidence is observed in the fact that few cases of pterygium are ever seen in females. They suffer more frequently than males from eye strain, but are less often exposed to local irritations of the conjunctival surfaces and are seldom seen with well developed pterygium.

As an illustration of my position on the topic, allow me to give the leading features of a few cases coming under my observation since I have been a resident of this city.

Mr. M., 40, a farmer, and had previously been a resident of Kansas for many years, sought my advice in August, 1887. He was found to have a well developed pterygium, reaching from inner canthus to corneal surface of left eye, a half developed one in a similar position on the right. Vision was normal in each eye and patient would accept no glass. The ophthalmoscope gave no indication of a marked error of refraction, while convergence and accommodation were quite up to the standard of a person at forty years of age.

Removal of the growth was advised and undertaken the following week. Local anæsthesia was secured by the instillation of one drop of a four per cent solution of cocaine hydrochlorate every five minutes for one hour. The method of removal was similar to that practiced at Manhattan Eye and Ear Hospital, New York city. The lids were separated by a Graefe speculum after the patient had been placed in a recumbent position. A strabismus hook was entered at the inferior border of the mass near the edge of the cornea, passing through the connective tissue to the upper border; it was assisted to emerge by the scissors, thus including the breadth of the growth on the hook, like the tendon of a recti muscle during tenotomy for squint. Gentle traction on the hook did not separate the apex from the cornea, as it will sometimes do, the scalpel being required to complete the division.

The patient was then requested to abduct the eye; the apex was firmly grasped by the forceps and the superior and inferior borders of the pterygium were successively separated from healthy conjunctiva by the straight scissors; next, the base of the cone was cut through as near the inner canthus as possible. The triangular gap left in the conjunctiva was filled by undermining the membrane above and below and approximating the cut edges by two black silk sutures. Previous to and during the operation the eye was irrigated by a solution hyd. bichlor. 1-10000.

The after treatment consisted of keeping the eye covered with a thin layer of absorbent cotton, wet in a cool, saturated solution of boric acid. The sutures were removed in thirty-six hours and union was found complete. The case was seen two

months later; a slight redness and some opacity of the cornea alone remained visible.

The refraction, accommodation and convergence of three subsequent cases have been carefully tested and the results failed to indicate that eye strain contributed in any considerable degree to the formation of this disease in these instances.

The conclusions drawn from the above observations coincide with the opinion of Wells that local irritants, like wind, dust and glare of light, are ample cause for the development of this disease.

My object, Mr. President, in calling the Society's attention to this question is that I may ask the assistance and communication of the members in such cases as may come within their notice, to this end, that we may contribute one or more facts to the general stock of medical knowledge.

41 South Main street, Los Angeles, Cal.

TREATMENT OF TAPE-WORM.—Dr. Berenger-Férand, after enormous experience as chief of a large marine hospital and a trial of all known remedies, recommends the use of tannate of pelletierine given after the following method: On the day before the proposed treatment the patient is to be put on milk diet. On the day of treatment he is to keep his bed, and at 6 A. M. to take an infusion of senna. At 7 A. M. he takes seven grains of tannate of pelletierine in simple syrup, and at 7:30 A. M. he repeats the dose. He then lies with closed eyes, and without moving in bed, in order to avoid vomiting. At 8 A. M. castor oil is given, but the patient remains in bed till all nausea and nervous symptoms disappear. The disposition to stool is to be resisted as long as possible. If the patient does not feel like having a passage in a short time, an enema of senna and sulphate of soda is given. At stool a large vessel of lukewarm water is to be used, so that the worm, when partly expelled, will be suspended in the water and not easily torn.

In the last Egyptian campaign, says Keetley, in the Annals of Surgery, not a single man died from pyæmia, septicæmia, erysipelas, or hospital gangrene, a result unparalleled in the annals of war. So much for Lister!

SELECTED.

SACCHARIN.

UNDER this name Dr. C. Fahlberg describes a product of the coal-tar derivatives which has recently been introduced to medical use:

Saccharin is a white, irregular crystalline powder, with an acid reaction, soluble in 500 parts of distilled water, but dissolving readily in boiling water, from which it crystallizes out on cooling. It is readily soluble in alcohol and ether, and forms soluble salts with the hydrates or carbonates of the alkaline metals which separate from their solutions on the addition of acids. It melts at 220° C., and when fused with potassic hydrates it forms salicylic acid. Its most remarkable property, and which renders it chiefly valuable in medicine, is its intensely sweet taste, which is so great that when 1 part is dissolved and neutralized in 70,000 parts of water it can still be tasted, while cane-sugar can only be detected when at utmost one grain is dissolved in half an ounce of water. It is therefore about 300 times sweeter than sugar. Its taste closely resembles that of cane-sugar, with a peculiar by-taste like bitter almonds.

Saccharin, when given internally or subcutaneously, is excreted completely by the kidneys in unaltered state. It is therefore not decomposed in the body, nor do the saliva or the fæces contain any traces even after large doses. Unlike benzoic and salicylic acid, it is not converted into hippuric or salicyluric acid. It has scarcely any retarding effect on the digestion of either proteids or hydrocarbons, and in fact is said to increase the diastatic action of malt. When given either in large doses, fifteen to seventy-five grains in man, no injurious effects or even disturbance of the appetite are produced. The urine is not altered either in specific gravity, quantity, or the amount of urea and sulphuric acid; it, however, does not readily undergo fermentation. The amount of chlorides in the urine appear to be increased during its use, while the phosphates remain normal. Animals on full diet along with saccharin increase in weight, and frogs may be kept alive indefinitely in a neutralized watery solution of saccharin. Sac

charin, therefore, is not possessed of any toxic deleterious effects on the human organism. Its principal use in therapeutics is as a corrective for the taste of other substances, for employment in cases of diabetes mellitus, and in persons under treatment for the reduction of obesity. Dr. Dreschfeld has found that it relieved some of the troublesome symptoms of acid dyspepsia. One part of saccharin entirely corrects the bitter taste of two parts of quinine, with which it chemically unites. It may be used for sweetening the food or coffee and tea of diabetic patients, either by the direct addition of a grain or two of saccharin, or it may be used in the form of a sirup made as follows :

Dissolve 10 parts of saccharin and 11 parts of carbonate or 12 parts of bicarbonate of sodium in 1000 parts of distilled water, at a temperature of 40° C.

INTUBATION OF THE LARYNX.*—(By Dr. Joseph O'Dwyer, New York.) Intubation is apparently, but not really, a simple operation. With more than usual dexterity and coolness, and an easy case, it will be called by the physician who tries for the first time, a very simple thing. With less dexterity and a difficult case to manage, it will be called a difficult operation.

When established, and perfected, and in common use, intubation can never be considered a satisfactory remedy, in view of the complications and the very nature of membranous croup. The first results, if good, will create enthusiasm; if bad, distrust.

In comparing tracheotomy and intubation, the question is not which will save most lives in a given number of cases submitted for treatment, but which operation can be performed or will be permitted in the greater number of cases.

Statistics will be of very little value in settling the question between tracheotomy and intubation until a very large number have been obtained. Aside from the question of saving life, intubation will be resorted to in the most hopeless cases, those in which tracheotomy would not be thought of, for the sake of securing euthanasia.

* From advance sheets of International Medical Congress.

THE SOUTHERN CALIFORNIA PRACTITIONER.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

THE PHYSIOLOGICAL SABBATH.

“REMEMBER the Sabbath day to keep it holy. Six days shalt thou labor and do all thy work; but the seventh day is the Sabbath of the Lord thy God: in it thou shalt not do any work, thou, nor thy son, nor thy daughter, thy manservant, nor thy maidservant, nor thy cattle, nor thy stranger that is within thy gates; for in six days the Lord made heaven and earth, the sea, and all that in them is, and rested the seventh

day; wherefore the Lord blessed the Sabbath day, and hallowed it."

It was thirty centuries ago on Asiatic plains. The world was yet in its primitive tent days when the strain of a complicated civilization was not yet laid upon men. The day of labor still meant a day of bodily toil, followed by a night of restful sleep, broken by no worry of mental overwork. Yet to this easy going, leisurely world was ordained one day of absolute rest in each seven. How absolute that rest was intended to be is shown by the wording of the command. It was a day in which men and animals should abstain from bodily toil, and in which the mind of man should turn away from the ordinary cares of the world.

It was an enforced rest, based ostensibly upon a religious reason, but having back of it a physiological law.

How much of the long-continued vitality of the Hebrew race may be due to its strict observance of that old Jewish Sabbath is a question well worthy of consideration. One fact is plain, that the races which, during the last few centuries of the world's history, have shown most of vitality, most of endurance, and which have taken and continue to keep the lead in the world's work, are the races which most closely adhere to the strictness of that Sabbath which is a common inheritance from the olden Hebrew days.

Man to do his highest work, to be at his best, must have his regularly recurring periods of rest. All races of workers recognize this demand of their physical and mental nature by the establishment of certain holidays. The man of business, the professional man, the brain-worker, confess its need more and more each year in the summer vacation which they allow themselves. Yet no one or all of these has power to be a sufficient and satisfactory substitute for the one day in seven of the decalogue.

It becomes a question of interest to the observing physician what is to be the effect, mentally and physically, upon the brain-working generations of these latter ages, of the growing tendency to disregard the old law and make all days work-days. It might be considered a question for the religionist to settle, what will be the effect spiritually; yet this, too, belongs within the domain of the physiological physician, for the physiologically well man is the well balanced man, and man is a spiritual as well as a mental and bodily being.

But how shall the Sabbath be spent by those who do observe, in form at least, the law of the decalogue? The man of the churches has the answer at the tongue's end. Yet he would possibly be much astonished, and probably somewhat indignant, if told that in one sense he is as much a Sabbath-breaker as the man who toils at the bench, or one who spends the day in the counting-room balancing his books. A day of rest! Do not forget or overlook the central thought of the command. Yet how much of a day of rest does the modern church, when worked up at its regular speed, make of the Sabbath?

The writer gives one instance under his own immediate observation. This is the regular Sabbath programme:

Sunday school, 9:30 to 10:45 A. M.; preaching, 11 A. M. to 1 P. M.; service, 3 to 4:30 P. M.; service, 6 to 7 P. M.; preaching, 7:30 to 9 P. M. This for one congregation. In addition to these Sabbath services, meetings are held regularly almost every evening during the week.

How much rest on the Sabbath does this give to tired workers? for many persons, as a matter of conscience, try to attend all of them, and from pulpit and pew the cry is continually, Turn out to all the meetings as a matter of duty.

Is not the modern church Sabbath thus changed into a gross and direct violation of the physical Sabbath, and of the divinely instituted Sabbath of rest?

What is the result? The family home-life of the Sabbath destroyed; ministers prematurely broken down in health by the incessant strain of Sabbathless lives; church members, fagged and worn by the labors of one week, waking up Monday morning, after the so-called Sabbath of rest, fagged by its incessant round of church duties until unfitted for the duties of the new week.

Would it not be a better observance of God's established physiological and religious laws if we had less church-going and more rest on the Sabbath? for the command speaks of rest rather than of church-going, or even of public worship in connection with the day.

PAPAIN or Papyotin is now recommended as a preventive and reducer of renal calculi.

DEATH OF DR. WM. M. CHAMBERLAIN.

DR. CHAMBERLAIN who has been an invalid for several years, died October 31st, at Summit, N. J. The deceased had enjoyed a large medical practice in this city, and was one of our best known and most esteemed physicians. He was born in Hanover, N. H., in 1826. His father was a professor in Dartmouth College, and Dr. Chamberlain was a graduate of Dartmouth, both in medicine and in the arts. He came to New York in 1851 to enter Charity Hospital as interne, and left in 1853 as its chief of staff. At the opening of the war he offered his services to the Government, and was appointed Brigade Surgeon, serving afterward on the Sanitary Commission, and still later in the United States Pension Bureau. In 1863 he resumed practice in New York city, and, devoting himself to the specialty of diseases of women, he succeeded the late Dr. Peaslee in the Demilt Dispensary. He was for many years identified with Charity Hospital as visiting and consulting physician, and also as President of the Medical Board.

Dr. Chamberlain was a gentleman of fine presence, agreeable manners, and scholarly attainments. He made a number of interesting and valuable contributions to medical literature. His last literary work was a paper, read before the Section in Practice of the Academy, on the Climate of Southern California.—*Medical Record*.

Dr. Chamberlain is pleasantly remembered by many in Pasadena and Los Angeles. We believe the *Record* is mistaken as to his last literary work; a very able and comprehensive article by Dr. Chamberlain, on "PASADENA AS A SANITARIUM," appeared in the SOUTHERN CALIFORNIA PRACTITIONER for September, 1887.

FACTS, NOT FORMULAS.

By an abstract of a paper printed in another column it will be seen that sewer-gas is not to be held accountable for all epidemics of diphtheria.

Now, we would like to call a halt. Such iconoclasm cannot be too much deprecated. We will presently hear someone denying the assertion of a journal devoted to sewer-gas—to hygiene, we mean—that Secretary Manning's paralysis was due to defective plumbing. But seriously, how can we explain the spread of infection to the "boys" at college and to our patients, if we are to forswear the aid of the goddess Cloacina?

Perhaps the best we can do, after all, is to humbly acknowl-

edge that "we do not know," but are trying hard to find out; that, like the student who was called to a case of disease new to him, "we have not got that far yet"; that perhaps in a century or two more we will be able to give you more definite information about a great many things, if you will kindly drop in (during office hours).

Verily, a slavish dependence on formulas never has and never will advance our art.

Brothers, as Herr Teufelsdröckh says, "let us clear our minds of cant."

MEDICINE AND MEDICAL STUDENTS.

"I KNOW of no class of people," says Keen, of Philadelphia, in an inaugural address, "who are more reckless of health than medical students. Partly this arises from the necessities of the case, and partly from ignorance. They are taught how to take care of disease, but not how to take care of health. They rise early to con a text-book; they lead a sedentary or at least a non-active life all day in the lecture-rooms and laboratories; they spend the evening's and the day's leisure in the malodorous though fascinating dissecting-rooms; they snatch hasty meals and before these are digested whip up the brain and let the poor stomach look out for itself; they go to bed late and with the head full of to-day's lectures and operations and to-morrow's grind; and, as if this were not enough, when examinations come, one half of them take strong coffee to keep them awake and the other half bromide of potassium to put them to sleep; and still they hope, if they do not actually expect, to escape physical bankruptcy!

"You will tell me you have 'no time' for exercise. In reply, I tell you that with good healthy bodies, rosy cheeks and redundant animal spirits, your ready brains will do more real good head-work in three hours than pallid lips and paler brains will do in four.

"I feel proud of my profession, as the only unselfish, self-destructive profession I know. We live by disease, and yet with a genuine altruism which can never be over-praised, we are in the forefront of those who would destroy our means of support by pointing out the path to the conservation of health."

OBITUARY.

WE regret to announce the death in this city, upon November 6th, of Dr. Charles T. Widney, a cousin of one of the editors of this journal.

He died at the comparatively early age of forty-five years. Dr. Charles T. Widney was born in Kentucky; educated at the University of Louisville; served during the war as surgeon in the Southern army; afterward was for a few years in private practice, but spent most of his professional life in charge of private asylums for the cure of the alcohol and the opium habits. In this special field he was eminently successful. Coming to California four years ago, because of failing health, he purchased the noted Iron Sulphur Springs, near Los Angeles, and made his home there.

Nearly a year ago he passed through a long siege of typhoid fever, developing with it a pneumonia, from the after effects of which, together with serious digestive troubles, he finally after many months of illness died. Dr. Charles T. Widney was a man of strongly marked character, an honorable member of the profession, a devout Christian, a kind-hearted, true friend, and one who will be long missed by those who knew him.

His end was peace.

EXPECTANCY IN THE TREATMENT OF TRAUMATIC PERFORATIONS OF THE INTESTINES.

RECLUS, of the Hôtel Dieu, Paris, protests against primary laparotomy in these cases. Of twenty-three recent cases thus treated but three have recovered. His treatment is as follows: The patient is not allowed to move hand or foot. The clothes are cut away, the wounds disinfected and closed with iodoformized collodion. The patient is immobilized in a thick coating of cotton wadding, which must be then compressed with a flannel belt, tightly pinned on, as after ovariectomy. Morphia hypodermatically, and dry extract of opium by the mouth. During the first five or six days food must be withheld; at most a few teaspoonsful of iced milk are given and some small lumps of ice. If, notwithstanding the above treatment, peritonitis sets in, he operates as a forlorn hope. As this surgeon has treated several undoubted cases of traumatic perforation, in this way, with perfect success, his suggestions are worthy a most attentive consideration.

LUNG DISEASE CAUSED BY FOREIGN BODIES IN THE AIR-PASSAGES.

MAY (*Br. Med. Jr.*, May 21, 1887) records a successful œsophagotomy for the removal of a half-penny swallowed three years previously. The symptoms were those of consumption. A fistulous orifice, which subsequently closed, was found to exist between the trachea and œsophagus.

This important case recalls two unpublished instances in which pulmonary disease was produced by foreign bodies in the air-passages.

In one, a man who had suffered from all the symptoms of phthisis for two years, coughed up a tooth, with permanent relief to all the symptoms.

The other case was that of a woman who had swallowed a large piece of bone. Pneumonitis, followed by abscess of the lung, set in. The bone was finally coughed up, but death ensued in a few weeks. As the situation of the abscess was readily diagnosed in this case, it would have been a suitable one for pneumotomy, but unfortunately it occurred before the days of that operation.

LEPROSY IN PHILADELPHIA.

MUCH excitement has been created in that city by the discovery that a woman and her daughter, both afflicted with leprosy, have been in the habit of frequenting the streets, the daughter even attending school. The cases have been under the care of Dr. Van Harlingen, a well known specialist, for many months, but this gentleman until now has firmly refused all information as to their place of residence, and the health officer has therefore been unable to interfere. The sufferers have been placed temporarily in the Municipal Hospital.

It is now many years since the late Prof. White created universal astonishment by showing that leprosy was by no means as rare in this country as had been supposed. He pointed out several small colonies of lepers, and called attention, with no uncertain sound, to the contagiousness of the disease. It would be highly interesting to study the present condition of leprosy in the United States, but facts would probably be very difficult to obtain.

PILOCARPINE IN DISEASES OF THE AIR-PASSAGES.

PILOCARPINE is again brought into prominence as a means of increasing bronchial secretion. It should be used, if at all, in small doses, and should be carefully watched. In diphtheria, in which it has been recommended as a means of promoting the shedding of the membrane, we have seen it very thoroughly tried, with the result that it has been abandoned by all as worthless, if not injurious.

Its use is sometimes attended with distressing depression, approaching collapse, and with a very uncomfortable accumulation of mucus in the air-passages. Atropia hypodermatically removes these symptoms immediately.

If given to a patient suffering from an "incipient cold," pilocarpine will undoubtedly "break it up," but we have yet to meet the man who would repeat the use of the remedy. The last time we tried it, we sat up half the night with the patient and finally administered atropia. The "cold" was cured.

NEW TREATMENT OF CHOLERA.

AN Italian physician, Cantani, uses large hot injections of a solution of tannin, which he asserts pass the ileo-cæcal valve, and sometimes even reach the stomach. This method is supposed to act by stimulating the organism, by supplying the blood with fluid, by sterilizing the contents of the intestines, and by forming insoluble compounds with ptomaines. Gerhard, of Philadelphia, now proposes that injections be made directly into the intestines, which are to be exposed, if necessary, by incisions through the abdominal walls. What next?

THE very successful way in which French duellists fail to kill each other is now considered to be due to the precautionary measures taken, in dipping the swords in a solution of carbolic acid. How long before cannon balls and bullets will be stored in antiseptic solutions, and the bold warrior will be required to take a sublimate bath before "joining the tide of battle."

EDITORIAL NOTES.

DR. WHITMARSH, of London, England, suggests that Pasteur's method be tested on convicts, allowing them the choice between their sentence and becoming the subjects of experimentation, as was done fifty years ago in reference to small-pox.

DIPHTHERIA NOT DUE TO SEWERS.—Dr. C. W. Earle, of Chicago, in a paper read before the International Congress, draws the following conclusions, as the result of exhaustive investigations in localities remote from sewer-gas influence, in the less thickly populated Western States and Territories :

Diphtheria occurs in the mountains and prairies of the great Northwest with the same malignancy as in the East, and with equal virulence in vicinities remote from sewers.

When once introduced, the residents of damp sod-houses suffer with marked severity.

The infection is transported thousands of miles in some unrecognized vehicle, and it undoubtedly follows the lines of railroads and steamboats.

People of all classes should be obliged by legal enactments to recognize their responsibility in regard to the control of contagious diseases.

THE DOCTOR AS HE SHOULD BE.—The physician, says Robert Louis Stevenson, in his last volume, "Underwoods," "may be said to stand above the common herd. He is the flower of our civilization, the possessor of generosity, such as is possible to those who practice an art, never to those who drive a trade; of discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments, and, what are more important, Heracleian cheerfulness and courage. So it is that he brings air and cheer into the sick-room, and, often enough, though not so often as he wishes, brings healing."

THE Indian method of resuscitating the new-born, introduced to the profession by Dr. Weisner, of Chicago, is thus described: The infant is placed on a warm woolen blanket, as far from the mother as the unsevered umbilical cord will permit. The mother is then requested to take a few deep inspirations. It is claimed that with every such inspiration the child will open its mouth, gasp, and soon begin to breathe.

ACUTE PURULENT PERITONITIS FROM PERFORATION—LAPAROTOMY — IRRIGATION — DRAINAGE — IMPROVEMENT—DEATH FROM HEART FAILURE THIRTEEN HOURS AFTER OPERATION. —The long incision was made, and all the peritoneal surfaces found to be glued together. A considerable quantity of gas and between two and three quarts of pus escaped. The operation seems to have been perfectly justifiable, and if made earlier would possibly have terminated successfully. The great difficulty in such cases is to diagnose the presence of pus or serum in the abdominal cavity. By the time the surgeon has made up his mind that peritonitis is of the purulent type, and that laparotomy is indicated, the patient has almost invariably passed the recovery point. One axiom cannot be too often insisted upon—intra peritoneal pus should be evacuated, as should pus confined anywhere in the body.—(Shimwell, *Philadelphia Medical Times*, Nov. 1, 1887, p. 74.)

ANTISEPTIC EXCISION OF VARICOSE VEINS.—Dr. Kendal Franks has treated eighteen cases by this method with perfect success. The patient is etherized, the parts are shaved and carefully washed with sublimate solution, and a band is fastened around the limb, immediately above the knee. The chief veins are removed at intervals, about two inches at each place. Having selected the place for incision, a clean cut is made through the skin, and almost immediately the swollen vein appears. The subcutaneous tissue over it is divided on a director, and at the lower end of the incision a catgut ligature is passed around the vein, which is then pulled out of its bed, and tied at upper end of incision. The wound is then sutured and dressed antiseptically.

KELOID, a disease which has heretofore been considered extremely intractable, has been cured, in several instances, by electrolysis.—(Hardaway, *Philadelphia Medical Times*, May 26, 1886; Rohé, *ibid*, Nov. 1, 1887, p. 78; Brocq, *La Thérapeutique Contemporaine*, Sept. 9th, 16th and 23d, 1887).

ARSENIC should be withheld from women during lactation, say Brouardel and Pouchet (*Journal de Médecine*). In proof of this position, they give a case in which the nursing infant died from arsenical poison, after an unsuccessful attempt had been made to kill the mother by arsenious acid. Experiments on nursing-mothers, and on the lower animals, confirm this opinion.

THE LAST OF GLEDITSCHINE.—Our readers have doubtless seen notices of the wonderful properties of this alkaloid in most of the journals. It has been confidently claimed that it is a much more powerful local anæsthetic than cocaine. Messrs. Parke, Davis & Co. have had it analyzed and discovered that it is a factitious drug, composed of cocaine, atropine and salicylic acid.

This then was an attempt similar to that made last year to introduce a new hypnotic, hopeine, which was shown to be composed principally of morphia.

Is there no way of punishing promoters of such rascalities?

DR. CLAIBORNE, who was the first to experiment with gleditschine, is about to submit the matter to a committee of experts.

BRAUN (*Central. f. Kinder.*, May 28, 1887) records five cases of intrauterine fracture of the tibia seen by himself and refers to twenty-two other cases on record.

PASTEURIZATION EXTRAORDINARY.—One of Pasteur's associates was bitten by a rabid guinea-pig. He at once began a course of preventive treatment, which he continued for over six months. He underwent over 209 inoculations, without the slightest injury to his health, which is still perfect.

KOLA, in the form of kola-chocolate, in doses of one or two drachms, is highly praised in syphilis by E. Hurry Fenwick. He thinks iodide of potash agrees much better when kola is administered with it.

THE Cleveland Medical Society expelled a doctor for agreeing to take no pay if he did not affect a cure. The unanimous opinion expressed was that the establishment of such a practice would fill the almshouse with physicians.

ABOUT twenty deaths from cholera have occurred at the Quarantine Station in New York harbor. The disease was imported from the Mediterranean by the steamship "Alesia." A number of "suspicious cases" have recently occurred at Madrid.

MUSSER of Philadelphia, following Krall, uses with great advantage enemata of cold water in jaundice, repeating them thrice daily.*

* Medical and Surgical Reporter, September 10, 1887, p. 339.

THE editor of a New York medical journal claims that alcohol is "the most perfect and reliable medicine of which we have any knowledge in diphtheria." He has used it since 1873, and during the interval has lost but one case, which was dying before the remedy was administered. Used as a gargle, he says, it is a sure prophylactic. Such statements as this, which are so frequently inflicted on an unoffending public, merely show that the writer has seen but very little diphtheria. Alcohol is used in diphtheria by almost all practitioners, and yet look at the mortuary records of all large cities, with their terrible lists of deaths! We have seen more than 200 cases die of diphtheria, notwithstanding the careful and persevering use of alcohol and other drugs. The remedy for diphtheria lies hidden in the womb of the future.

VAN DE WARKER, of Syracuse, N. Y.,* gives several cases of undoubted tubercular peritonitis, cured by laparotomy. In one case he was the operator. He points out the fact that the diagnosis of this disease is very difficult, and that its course may be unattended with fever or with signs of tuberculosis in other organs. Operation in these cases acts in some unknown way, possibly by giving free drainage; certainly its utility is not due to insufflations of iodoform or irrigations with sublimate solutions, as cases have recovered where these drugs were not employed.

Dr. MacKenzie received \$13,000 for his two trips to Berlin, to see the Crown Prince.

BOOK REVIEWS.

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS. Second Session, held at Washington, D. C., June 2d and 3d, 1887. Pages 254. Philadelphia: Printed for the Association.

Howard, of Montreal, leads off with an interesting article on cirrhosis of the liver in children. He believes that this condition may be produced by ptomaines. Certainly no one is in a position to give evidence to the contrary.

Johnson, of Chicago, in a brief paper, inveighs against the pneumatic cabinet. Whittaker, of Cincinnati, takes the opposing view. We have always thought that the pneumatic

* American Journal of Obstetrics, September, 1887, p. 932.

cabinet was a powerful instrument, not for forcing inspissated mucus from the bronchial tubes, but for extracting fees from the patient's pocket.

Hun, of Albany, furnishes an original paper on the diseases produced by sewer-gas. It now appears that Bright's disease and myelitis of the anterior horns may be caused by this all-powerful poison. The author may add another disease to his list, the only symptom of which is a chronic thirst for bad whisky. Those who attend workers in sewers and "excavators" assert that, with this exception, no healthier class exists.

This volume furnishes evidence from many observers concerning the Bergeon method. The gist of the matter seems to be, that the use of sulphuretted waters (preferably by the stomach) is of some value, but only in bronchial catarrh, whether associated with phthisis or not.

THE MODERN TREATMENT OF DISEASES OF THE HEART.

Part II. Diseases of the Aorta. By PROF. DUJARDIN-BEAUMETZ, Translated by E. P. Hurd, M.D. 1887. Geo. S. Davis, Detroit, Mich. Being No. 4 of the Physicians' Leisure Library. For sale by Stoll & Thayer, No. 3 South Spring street, Los Angeles, Cal.

This little book on the treatment of Aneurisms of the Aorta is written in its author's usual lucid and scholarly style. Dr. Hurd, with his unobtrusive notes, has materially increased the value of the work.

OPERATIVE SURGERY ON THE CADAVER. By JASPER JEWETT GARMANY, A. M., M. D., F. R. C. S., Attending Surgeon to Out-door Poor Dispensary of Bellevue Hospital, etc. Pages 150. New York: D. Appleton & Co. 1887.

This is a brief and lucid exposition of the subject, designed for the use of the medical student.

A COMPLETE HAND-BOOK OF TREATMENT, Arranged as an alphabetical Index of Diseases to facilitate Reference, and containing nearly 1,000 formulas. By WILLIAM AITKEN, M. D. (Edinburgh), F. R. S., Professor of Pathology in the Army Medical School, Examiner in Medicine for the Military Medical Services of the Queen, Fellow of the Sanitary Institute of Great Britain, etc. Edited, with Notes and Additions, by A. D. Rockwell, A. M., M. D. New York: E. B. Treat & Co., 771 Broadway. 1887. For sale by Stoll & Thayer, No. 3 South Spring street, Los Angeles, Cal.

This book is composed of the chapters on treatment, taken from the last edition of Prof. Aitken's well known work on Practice, which chapters have been revised and rearranged to make them more available for reference. The reader will find it a collection of much curious information.

**MONTHLY METEOROLOGICAL SUMMARY OF THE U. S.
SIGNAL SERVICE, LOS ANGELES STATION, FOR
NOVEMBER, 1887.**

WAR DEPARTMENT, SIGNAL SERVICE, U. S. ARMY.

Divisions of Telegrams and Reports for the Benefit of Commerce and Agriculture.

Los Angeles, California.

Month of November, 1887.

DATE	MEAN BAROME- TER.	TEMPERATURE			Precipitation in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN		
..... 1	30.02	63.7	78.7	49.2	.00	Mean Barometer 29.995.
..... 2	30.03	65.0	81.0	50.1	.00	Highest Barometer, 30.22, date 27
..... 3	30.02	61.3	78.0	45.2	*T	Lowest Barometer, 29.77, date 22
..... 4	30.02	58.3	70.0	46.7	*T	Monthly Range of Barometer, 47.2
..... 5	29.98	61.0	72.3	49.2	*T	Mean Temperature 60.0.
..... 6	29.98	60.0	69.8	52.6	*.01	Highest Temperature 86.0, date 10.
..... 7	29.95	61.3	69.0	58.0	*T	Lowest Temperature, 38.8, date 30
..... 8	30.00	58.7	71.0	45.0	*T	Monthly Range of Temperature 47.2.
..... 9	29.99	65.0	83.0	47.2	.00	Greatest Daily Range of Temperature, 37.1.
.....10	29.98	71.3	86.0	55.3	.00	Least Daily Range of Temperature 8.4.
.....11	30.00	69.0	84.0	59.1	.00	Mean Daily Range of Temperature, 23.2.
.....12	30.03	63.0	76.5	45.2	.00	Mean Temperature this Month
.....13	29.99	60.3	74.8	43.6	*T	1879..56.5 1882..57.3 1885..59.5
.....14	29.97	68.3	89.3	47.2	.00	1880..55.5 1883..59.2 1886..60.6
.....15	29.97	60.7	74.5	47.4	.00	1881..57.5 1884..59.6 1887..60.0
.....16	30.03	54.3	66.0	40.5	.01	Mean Daily Dew Point, 52.4.
.....17	30.01	58.0	65.5	52.1	.00	Mean Daily Relative Humidity, 78.1.
.....18	30.07	56.7	68.2	45.7	*T	Prevailing Direction of Wind W.
.....19	30.08	60.0	73.0	46.5	*T	Total Movement of Wind, 3169 miles.
.....20	29.95	60.0	73.5	44.3	.10	Highest Velocity of Wind and Direction, 18, W
.....21	29.82	58.7	65.3	48.5	T	Total Precipitation .80.
.....22	29.80	61.0	69.2	55.0	.03	Number Days .01 inches or more Rain Fell, 3
.....23	29.90	60.0	67.0	55.7	.68	Total Precipitation (in inches and hundredths) this month
.....24	29.93	60.3	65.5	57.1	T	1879..34.4 1882..1.82 1885..5.55
.....25	29.89	55.3	63.3	50.9	*T	1880..67 1883..1.00 1886..1.18
.....26	30.10	51.7	62.8	43.1	*T	1881..27 1884..1.07 1887..1.80
.....27	30.18	55.7	69.0	44.7	*T	Number of Foggy Days, none.
.....28	30.04	57.3	69.0	46.0	*T	" " Clear " 18
.....29	30.09	55.0	62.3	45.7	T	" " Fair " 9
.....30	30.12	50.0	60.0	38.8	.07	" " Cloudy " 3
.....31	.....	.....	.....	.....	..	Dates of Auroras, none
						Dates of Solar Halos, 11, 20, 23.
						Dates of Lunar Halos, 5, 28.
						Dates of Frost Light, 16, 26, 27.
						Killing, 3 rd .
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

The T Indicates trace of precipitation.

GEORGE E. FRANKLIN,

Sergeant Signal Corps.

NOTES: Barometer reduced to sea level and standard gravity.

FRECKLES, says Hager, may be removed by touching each spot every other day with an ointment composed of white precipitate and subnitrate of bismuth, of each 1 drachm; glycerine ointment, $\frac{1}{2}$ ounce.

INDEX TO VOLUME II.

Antipyrine in headache.....	17	Climate of Santa Barbara.....	4
Alcohol as medicine.....	23	Chemical nomenclatures.....	11
Antipyrine in puerperal fever.....	115	Cocaine in vomiting of pregnancy. . .	12
Amenorrhea.....	189	Chloroform as a hæmostatic.....	21
ABRAMS, ALBERT, typhoid fever.....	236	Colton as a health resort.....	41
Anatomists, the nestor of.....	268	Cæsarian section.....	63
American Medical Association, medical standard.....	263	Craniotomy.....	64
American Journal of Obstetrics.....	265	CHAMBERS, P. F., laparotomies.....	68
Abortionists.....	250	Chondroma of pelvis, extirpation of, and ligation of the common iliac artery and vein.....	73
Association of American Physicians.....	251	Climate of Riverside, with suggestions as to its adaptability for cases of pulmonary phthisis.....	81
Abdominal surgery.....	237	CURRAN, R. E., Ventura county as a health resort.....	126
Anomalous development of suppuration.....	291	Classification of mental diseases.....	143
Artificial feeding of infants.....	295	Catarrh of the stomach, milk diet for.....	146
American Medical Association, managers of (illustrated).....	309	Climatic features common to the whole Pacific coast.....	165
Antipyrin and antifebrin.....	305	Climates of San Diego county, typical.....	172
Administration of santalin.....	305	Carbolic acid injected for hemorrhoids.....	188
Analysis of one thousand rejected risks in life insurance.....	338	California sewerage.....	192
Arrowhead hot springs.....	357	Coca.....	171
A correction.....	360	Consumption, new cure for.....	216
A case of ovariectomy.....	367	CLACIUS, C. E., the new cure for consumption.....	216
Antipyrine and anodyne.....	390	Cancer, operations for justified.....	229
Advertisers.....	435	Consumption, gaseous enemata in.....	235
Acute purulent peritonitis-laparotomy—death.....	482	Consumption, new treatment of.....	238
Antisepsic excision of varicose veins.....	482	COOPER, Geo. L., Tyler's warm springs.....	240
Arsenic during traction.....	482	Colds, cure for.....	241
		Chloroform and opium, narcosis from combined effects of.....	252
BATES, C., Santa Barbara and its climate.....	4	Climatic.....	258
Bellaadonna for sterility.....	46	Complimentary.....	263
Book reviews, 35, 77, 79, 120, 160, 199, 243, 279, 319, 391, 395 to 403, 437.....	483	Collapse from strapping the testicle.....	305
BRINTON, Dr. D. G.....	37	Chilblain.....	317
Bandage, obstetric.....	39, 77,	Caries of teeth, its treatment.....	317
Biliary obstructions, olive oil in lieu of cholecystotomy for.....	92	Classics, medical.....	298
Board of Censors of the Los Angeles County Medical Society for 1887.....	108	CHAMBERLAIN, W. M., Pasadena as a sanitarium (illustrated).....	325
BABCOCK, WM. D., enlarged glands at the base of the tongue.....	127	Cure of hemorrhoids by excision.....	351
BERGEON's method of treating phthisis.....	219	Correction, a.....	360
BLAKISTON, P., SON & Co., in Los Angeles.....	232	Coronado Beach as a sanitarium.....	365
BRAINERD, H. G., narcosis from combined effects of chloroform and opium.....	253	COLE, G. L., lobar pneumonia.....	369
Beaumont, Cal., as a health resort.....	285	Crab-lice.....	374
BERGEON's treatment in Bellevue hospital.....	395	Calculus in Syria.....	377
Bellevue hospital, Bergeon's treatment in.....	395	Cow, the drug-store.....	382
BOYD, W. M.....	300	Cystotomy and litholapaxy, supra-pubic.....	389
Balance-wheels.....	307	Catalina Island mineral springs.....	405
Blue vs. smoked glasses.....	312	Carbolic acid, treatment of piles with.....	407
BABCOCK, W. D., blue vs. smoked glasses.....	312	Carbonate of lead for burns.....	417
Bright's disease and the uræmic symptoms; Treatment of after scarlet fever.....	316	Centenarian, a.....	425
BRAINERD, H. G., mercury as a diuretic.....	358	Cause of diphtheria.....	426
BRAINERD, H. G., International Medical Congress.....	391, 413	Cocaine poisoning.....	428
Burns, carbonate of lead for.....	417	Climatic and health resorts of California.....	445
Bravery, professional.....	425	Convicts as subjects of experimentation.....	482
BERGEON's treatment, some remarks on.....	462	Cholera.....	482
		Dengue at Dallas.....	12
		Don'ts for the sick-room.....	19
		Dead bodies, embalming.....	20
		Death of Dr. John Scott.....	37
		DAVIS, John L., sore-throat in public speakers and singers.....	53
		Dime novel and its fruitage.....	66

DUMLEY, A. Palmer, death from ether.....	152	Geographical and topographical features common to the whole Pacific coast.....	1
DAVISON, J. H., vaccination.....	178	Gonorrhea and gleet, hot-water retrojection in.....	44
Diphtheria, new methods of treating.....	194	GRAVES case, history of.....	59
DAVISON, J. H., new treatment of emaciation.....	238	GRAVES, G. W., history of the Graves case.....	59
DOFFER, Barton, artificial feeding of infants.....	205	GOODFELLOW, G. E., impenetrability of silk to bullets.....	95
Droscia, mercurial.....	305	Glands enlarged at base of tongue.....	127
Diabetes, oxygen in.....	305	GRAVES malpractice case.....	155
Doctor, the.....	286	Geographical and topographical features which are peculiar to Southern California.....	223
DAVIS, John L., analysis of one thousand reported risks in life insurance.....	338	Gaseous enemata in consumption.....	235
Death from ether.....	350	Gynecology in Southern California.....	310
DICKENSON, John, Arrowhead Hot Springs.....	357	Glasses, blue vs. smoked.....	312
Diuretic, mercury as a.....	358	Gonorrhea, the modern treatment of.....	351
Drug store cow, the.....	382	Gall-bladder, retention-cyst of.....	374
Deaths from Pasteurization.....	380	GROSS, Prof.....	390
Death from injection of carbolic acid into the uterus.....	424	Ganglion.....	427
Diphtheria, cause of.....	426	GRESHAM, Arthur E., some remarks on Bergeon's treatment, with three cases.....	462
Dropsy, magnesia for.....	426	Gleditschine, the last of.....	482
Doctor's dog, the.....	427		
Death, the surgeon's.....	430	Health resort, Northern California as a.....	13
Diphtheria not due to sewers.....	482	Headache cured by antipyrine.....	17
Doctor, the, as he should be.....	482	Health resort, Colton as a.....	41
Diphtheria.....	4	HUTCHINSON, G. L., Colton as a health resort.....	41
		Hot-water retrojection in gonorrhea and gleet.....	44
Embalming dead bodies.....	2	History of the Graves case.....	59
Exstirpation of a chondroma of the pelvis and ligation of the common iliac artery and vein.....	73	Hystero-Epilepsy, Tait's operation in.....	63
Effects of scarlatinal poison on the kidneys; the changes induced; suggestions on treatment.....	89	Hysterorraphy.....	65
EMMET, Thos. Addis, death from ether.....	152	Hydramnios.....	65
ESGHELMANN, Geo. J., Graves' malpractice case.....	155	Hermiotomies, three cases of.....	74
Expert testimony.....	187	HAGAN, M., the effect of scarlatinal poison on the kidneys: changes induced: suggestions on treatment.....	89
Enema for phthisis.....	192	Health resort, Ventura County as a.....	126
EVANS', Dr., new inhaling apparatus.....	245	HANKS, Horace P., death from ether.....	152
Electricity in post partum hemorrhage.....	305	HUNTER, J. B., death from ether.....	152
Epistaxis, grave, treatment of.....	305	Hemorrhoids treated by injections of carbolic acid.....	188
Establishment of natural respiration.....	351	HAZLETT, J. W.....	192
Ether, death from.....	350	Hemorrhage, umbilical.....	211
Epiglottome.....	425	HAYNES, Francis L. and two brothers.....	234
Ear boxing.....	427	Hydrastin Canadensis.....	244
Emasculat for rape.....	430	HAYNES, F. L., Poulet axis-traction forceps.....	251
Editorial.....	478	Health resort, Beaumont as a.....	285
Experimentation, convicts as subjects of.....	482	HAYNES, F. L., abdominal surgery.....	287
Excision of varicose veins.....	482	HAYNES, R. W., on treatment of indolent ulcers.....	292
Electrolysis, keloid cured by.....	482	HAYNES, R. W., therapeutics and surgical notes.....	351
Extraordinary Pasteurization.....	482	Hiccough, persistent, treatment of.....	351
		Hemorrhoids, cure of, by excision.....	351
FENN, C. M., cocaine in vomiting of pregnancy.....	12	HILLARD, Frank S., in memoriam.....	353
Fever, scarlet.....	114	HAYNES, Francis L., a case of ovariectomy.....	367
Fever, typhoid. Its cause and new scientific treatment.....	120	HAYNES, Francis L., treatment of piles with carbolic acid.....	407
Fellows' hypophosphites.....	155	Hypnotism.....	430
FENN, C. M., Fellows' hypophosphites.....	155	Hypodermic treatment of syphilis.....	430
FENN, C. M., typical climates of San Diego county.....	172	Housemaid's knee.....	430
Fever, spring.....	190	Health resorts of California.....	445
FOLSOM, E. C., gaseous enemata in consumption.....	235		
Fever, typhoid.....	235	Impenetrability of silk to bullets.....	95
Forceps, Poulet axis traction.....	251	Insanity or devility—which?.....	147
FOLSOM, E. C., emmetric.....	258	Intra-pulmonary injections in phthisis.....	228
FORD, Corydon L., the nestor of anatomists.....	268	Insomnia.....	229
FINN, C. M., Coronado Beach as a sanitarium.....	395	Inhaling apparatus, Dr. Evans' new.....	245
Fever, puerperal, pyosalpinx in its relation to.....	389	Indolent ulcers, on the treatment of.....	292
Fly bacillus.....	426	Infants, artificial feeding of.....	295
Fee, Mackenzie's.....	482		

Intestinal obstruction, Kussmaul's treatment of.....	351
In memoriam: A. B. Stuart: Frank S. Hillard.....	353
International Medical Congress on uniformity in obstetrical nomenclature.....	375
International Medical Congress.....	384
Intubation of the larynx.....	385
International Medical Congress.....	391, 413
Iodoform poisoning.....	426
Intubation of the larynx.....	469, 470
Indian method of resuscitating the newborn.....	482
JOHNSON, Dr. F. M.....	65
JENNER.....	444
Jaundice.....	482
KURTZ, Joseph, railroad injuries.....	102
KUSSMAUL'S treatment of intestinal obstruction.....	351
Keloid cured by electrolysis.....	432
Kola.....	482
LEE, Chas. Carroll, Tait's operation....	25
LUSK, Prof. W. T.....	25
Licentiates, new 70, 121, 155, 193, 273, 314, 391, 431	431
LEE, Chas. Carroll, Alexander's operation.....	112
Los Angeles County Medical Society, proceedings of.....	114
Los Angeles, Quacks in.....	144
LAWLOR, Wm.....	273, 314, 391, 431
Lupus, treatment of.....	305
Life insurance, analysis of one thousand rejected risks in.....	333
Lobar pneumonia.....	369
Larynx, intubation of.....	385
Last will and testament, the.....	385
LANE, Dr.....	381
Lead, carbonate of for burns.....	417
Laparotomy for peritonitis.....	429
Larynx, intubation of.....	469, 470
Last of glectschine, the.....	482
Laparotomy in tubercular peritonitis.....	482
MACGOWAN, D. Granville, pus-channeling in inflammation of the inguinal lymphatics.....	8, 46
Mineral Springs.....	22
MUNDE, Paul F., pyro-salpinx.....	25
Meteorological 39, 80, 124, 164, 204, 283, 324, 364, 404, 443, 484	484
Medical Abstract, New York.....	52
McF. GASTON, J., olive oil in lieu of cholecystotomy for biliary obstruction.....	92
MUNDE, Paul F., pyro-salpinx treated by vaginal incision.....	101
McSWEGAN, D., cause of typhoid fever and new treatment.....	129
Meat; its composition, preparation and digestion.....	139
Mental diseases, classification of.....	143
Milk diet for catarrh of stomach.....	146
Medical Times, the Sacramento.....	150
Medical Society, the State.....	154
Medical College of the University of Southern California.....	164
Medical Society of San Bernardino County.....	192
MCCARTY, T. J., umbilical hemorrhage.....	211
Mountain resort.....	233
Medical Standard, American Medical Association.....	263
McF. GASTON, J., anomalous development of suppuration.....	291

Medical Association, American, managers of (illustrated).....	299
Mercurial diuresis.....	305
McF. GASTON, J. in Paris.....	323
Medical classics.....	298
Modern treatment of gonorrhea.....	351
Memoriam in, A. B. Stuart, Frank S. Hillard.....	353
Mercury as a diuretic.....	358
MAYNARD, H. H. at International Medical Congress.....	352
Mercury, hypodermic injections of for syphilis.....	379
Medical Congress, the International.....	384, 391, 413
Mineral springs, Catalina island.....	405
MACCRTY, T. J., Catalina island min-springs.....	405
Medical college, the Southern California.....	423
Magnesia for dropsy.....	426
Mania, uterine.....	429
Miscellaneous.....	431
MACKENZIE'S fee.....	482
Northern California as a health resort..	13
New York correspondence.....	25, 68, 112, 152
New York medical abstract.....	52
New Register of Physicians.....	62
New methods of treating diphtheria.....	194
New cure for consumption.....	216
New treatment of consumption.....	238
Narcosis from combined effects of chloroform and opium.....	252
Nestor of anatomists, the.....	268
Natural respiration, establishment of.....	351
New-born, Indian method of resuscitating, the.....	482
Ovarian pregnancy.....	20
Obstetric bandage.....	39
Ovarian tumors in negroes.....	63
Obstetric Gazette.....	65
Olive Oil in lieu of cholecystotomy for biliary obstruction.....	92
Official Register of physicians and surgeons.....	151
Operations for cancer justified.....	229
Oxygen in acute catarrhal pneumonia.....	239
Opium and Chloroform, narcosis from combined effects of.....	252
Opposed to wet nurses.....	264
Obstetrics, American Journal of.....	265
Oxygen in diabetes.....	305
Opposed to vaccination.....	312
Ovariectomy, case of.....	367
Obstetrical nomenclature, International Medical Congress on uniformity in.....	375
Our advertisers.....	435
Pacific Coast, geographical and topographical features common.....	1
Pus-channeling in inflammation of the inguinal lymphatics.....	8, 40
Politics and temperance parties.....	15
Pregnancy, ovarian.....	20
Peritonitis, surgical treatment of.....	28
Placeboes.....	48, 123, 163
Physicians, new register of.....	62
POLK, Dr., laparotomies.....	68
PLUMMER, R. H.....	70, 123, 155, 198, 199
Pyro-salpinx treated by vaginal incision.....	101
Puerperal cases.....	114
Puerperal fever, antipyrin in.....	114
PEDLAR, A. J.....	101
Phthisis pulmonalis, a remedy for.....	146
Physicians and Surgeons, official Register of.....	151

Pacific Coast, climatic features common to the whole	195	Scarlatinal poison; effect on kidneys; the changes induced: suggestions on treatment	89
Phthisis treated by enema	192	Sewage of Los Angeles as a fertilizer	114
Phthisis, intra-pulmonary injections in	208	Scarlet fever	114
Phthisis, Bergson's method of treating	219	Sacramento Medical Times	150
Pulmonary diseases, new methods of treating	233	State Medical Society	154
Pneumonia, acute catarrhal, oxygen in	230	San Diego County, typical climates of	172
Poultet axis-traction forceps	251	Sewerage of San Diego	185
Physicians of American Association	251	San Diego, sewerage of	185
Phthisis, sulphuretted hydrogen enemata in	305	Spring fever	190
Post partum hemorrhage, electricity in	395	State Medical Society, publications and transactions of	192
Pasadena, as a sanitarium (illustrated)	325	San Bernardino County Medical Society	192
Pneumonia, lobar	390	Sewerage, California	192
Pasteurization, deaths from	389	Springs, Temecula hot	205
Pyosalpinx in its relation to puerperal fever	389	Southern California, geographical and topographical features which are peculiar to	223
Puerperal fever, pyosalpinx in its relation to	389	Specialism run mad	230
Pyelitis	390	SAWYER, W. B., oxygen in acute catarrhal pneumonia	239
Piles, treatment of with carbolic acid	407	Springs, Tyler's warm	240
Pyelitis in women, treatment of	424	Salicylic acid in food and beer	265
Professional bravery	425	Sacramento clique, the	283
Poisoning, nodiform	420	Surgery, abdominal	287
Poisoning, cocaine	428	Suppuration, anomalous development of	291
Peritonitis, laparotomy for	420	Syphilis, turpentine in	305
Pathogenesis of pterygium	400	Santonin, administration of	306
Pterygium, pathogenesis of	400	Southern California, gynecology in	310
Physiological Sabbath	471	Street sprinkling	310
Peritonitis, Purulent, laparotomy—death	482	Sanitarium, Pasadena as a (illustrated)	325
Purulent peritonitis, laparotomy—death	482	Succus alterans	330
Pasteurization, extraordinary	482	Surgical and therapeutic notes	351
Peritonitis, tubercular, laparotomy in	482	STUART, A. B., in memoriam	353
Quacks in Los Angeles	144	Springs, Arrowhead hot	357
Quacks	192	SULZER, A. A., a correction	360
REDWAY, J. W., chemical nomenclature	11	Sanitarium, Coronado Beach as a	365
REED, W. E., hot-water retrojection in gonorrhea and gleet	44	Syria, calculus in	377
Riverside climate, with suggestions as to its adaptability for cases of pulmonary phthisis	81	Syphilis treated by hypodermic injections of mercury	379
Railroad injuries	102	SHRÖDER, Virchow's autopsy on body of	380
REDWAY, J. W., Meat, its composition, preparation and digestion	130	Supra-pubic cystotomy and litholapaxy	389
Remedy for phthisis pulmonalis	140	Springs, Catalina island mineral	405
Register of physicians and surgeons, official	151	Shall doctors advertise?	420
Resort, a mountain	233	Southern California Medical College, the	423
ROGERS, A. C.	240	Snakes	445
Reprints	281, 412	Sciatica, treatment of	427
Roor, J. W., Beaumont as a health resort	285	Syphilis, hypodermic treatment of	430
Railroad to Wilson's Peak	294	Surgeon's death, the	430
Retention-cyst of gall bladder	374	Some remarks on Bergeon's treatment, with notes of three cases	462
Rape, emasculation for	430	Saccharin	469
ROBERTSON, J. W., climate and health resorts of California	445	Sewers, diphtheria not due to	482
ROGERS, A. C., pathogenesis of pterygium	466	Temperance parties and politics	15
Santa Barbara and its climate	4	Temperance question, sensible view of	22
Sick-room, don'ts for	19	THOMAS, T. Gaillard, Tait's operation	25
Sensible view of temperance question	22	Tumors in negroes, ovarian	63
Springs, mineral	22	Tait's operation in hystero-epilepsy	63
Sterility, belladonna for	46	THOMAS, T. Gaillard, laparotomies	63, 112
Surgical treatment of peritonitis	28	Transplantation of teeth	98
Specials, 22, 75, 108, 157, 190, 241, 390, 433	393, 433	Teeth, transplantation of	98
SCOTT, Dr John, death of	37	TOWNSEND, E. L., transplantation of teeth	98
Southern California Practitioner	37	Twenty-three centuries ago, a voice from	109
Sore throat in public speakers and singers	53	Typhoid fever, its cause and new scientific treatment	129
SAWYER, W. B., Riverside climate, with suggestions as to its adaptability for cases of pulmonary phthisis	51	Treatment of phthisis by enema	192
		Temecula hot springs	205
		Typhoid fever	236
		Tyler's warm springs	240
		Treatment of indolent ulcers	292
		Turpentine in syphilis	305
		Treatment of lupus	305

Treatment of grave epistaxis.....	305	WIDNEY, J. P., A. M., M. D., geographical and topographical features common to the whole Pacific coast.....	1
Testicle, collapse from strapping.....	305	Women physicians in Zanzibar.....	21
TEBB, Wm., opposed to vaccination ...	312	WAKLEY, James G., his confession of faith before death.....	108
Treatment of Bright's disease and of the uræmic symptoms after scarlet fever.....	316	WIDNEY, J. P., climatic features common to the whole Pacific coast.....	165
Teeth, caries of, its treatment.....	317	WARRING, Geo. E., sewerage of San Diego.....	185
Treatment of caries of teeth.....	317	Warts, cure for.....	189
TOWNSEND, E. L., at International Medical Congress.....	290	WORTHINGTON, H., Temecula hot springs.....	205
The doctor.....	286	WHITE, John Blake, intra-pulmonary injections in phthisis.....	208
Therapeutic and surgical notes.....	351	WESTBROOK, B. F., Bergeon's method of treating phthisis.....	219
Treatment of gonorrhea, the modern.....	351	WIDNEY, J. P., geographical and topographical features which are peculiar to Southern California.....	223
Treatment of persistent hiccough.....	351	WHITTIER, editorial note on.....	233
Traumatic tetanus, an infectious disease	374	WESTBROOK, B. F., Dr. Evans' new inhaling apparatus.....	245
Tetanus, traumatic, an infectious disease	374	Work and live.....	266
Treatment of piles with carbolic acid..	407	Wet-nurses, opposed to.....	264
Treatment of pyelitis in women.....	424	WYETH Bros. in Los Angeles.....	309
Treatment of sciatica.....	427	Wilson's Peak, railroad to.....	294
The surgeon's death.....	430	WADE, W. L., succus alterans.....	336
Traction, arsenic, during.....	482	WILLS, W. L., at International Medical Congress.....	352
Tubercular peritonitis, laparotomy in..	482	Wash your hands.....	386
Ulcers, indolent, on the treatment of... 292		Worms or the infinite—which?.....	418
Umbilical hemorrhage.....	211	WIDNEY, J. P., worms or the infinite—which?.....	418
Uterus, death from injection of carbolic acid into.....	424	WOODBURN, J. H.....	435
Uterine mania.....	429		
Uterine sound, caution about use of....	460		
Vomiting of pregnancy, cocaine in....	12		
Veratrum viridi.....	114		
Ventura county as a health resort.....	126		
Vaccination.....	178		
Vaccination, opposed to.....	312		
Virchow's autopsy on the body of Schröder.....	380		
Varicose veins, excision of.....	482		
Veins, varicose, excision of.....	482		
		Zanzibar, women physicians in.....	21



